



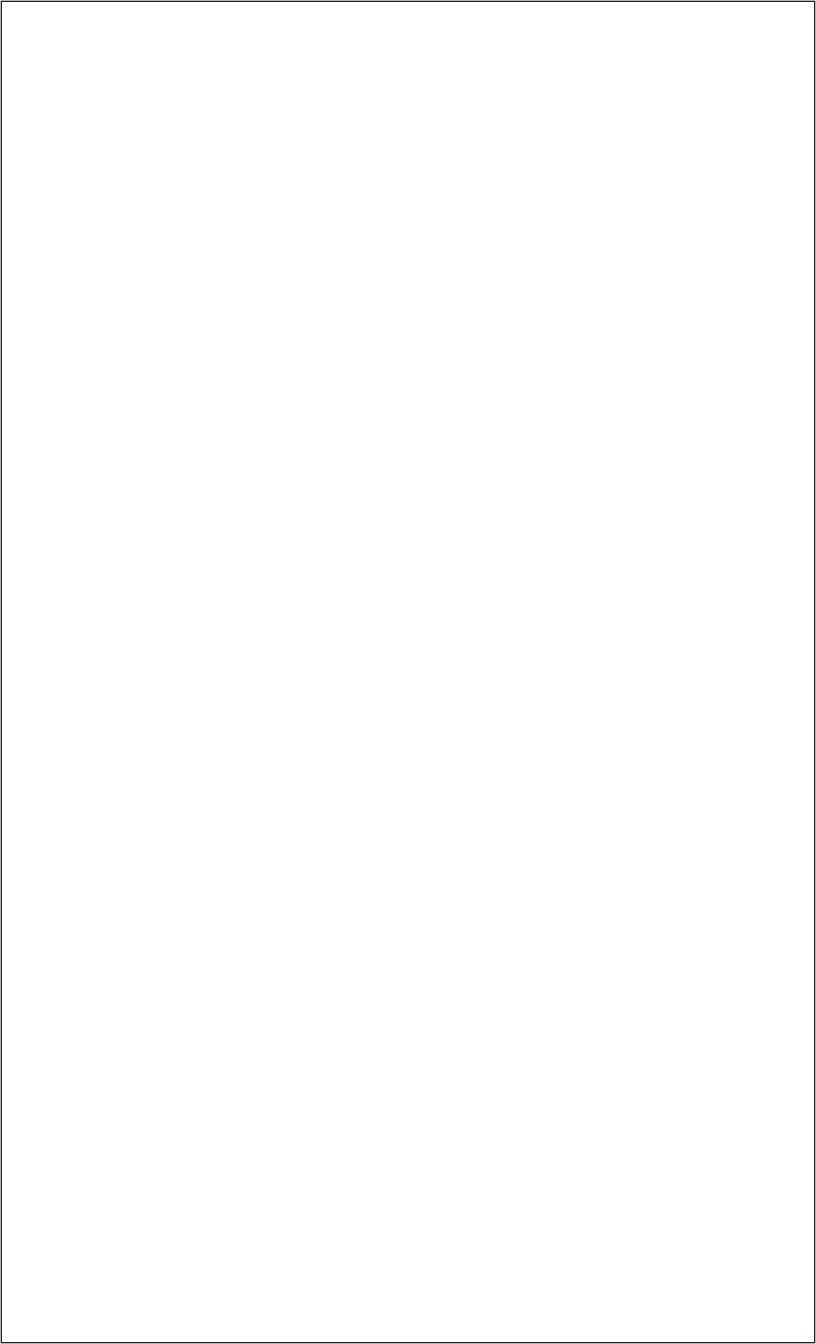
Medi-Cal/Healthy Families
Drug Formulary • 2009





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MEDI-CAL/HEALTHY FAMILIES DRUG FORMULARY

The Molina Healthcare Medi-Cal/Healthy Families Drug Formulary was created to help manage the quality of our members' pharmacy benefit. The Formulary is the cornerstone for a progressive program of managed care pharmacotherapy. Prescription drug therapy is an integral component of your patient's comprehensive treatment program. The Formulary was created to ensure that Molina members receive high quality, cost-effective, rational drug therapy.

The Molina Healthcare Pharmacy and Therapeutics Committee meets quarterly to review and recommend medications for Formulary consideration. This assures that the Formulary remains responsive to physician and patient needs. The Committee is composed of physicians and pharmacists representing various medical specialties. With a primary consideration to provide a safe, effective and comprehensive Formulary, the Committee evaluated all therapeutic categories and has selected the most cost-effective agent(s) in each class. The Committee also uses reference materials from the RxAmerica Pharmacy and Therapeutics Advisory Panel. In addition, the Molina Healthcare Pharmacy and Therapeutics Committee reviews prior authorization procedures to ensure medications are used safely, following manufacturer's guidelines and current medical practices.

Please familiarize yourself with the Drug Formulary as you prescribe medications for Molina members. Thank you for your cooperation.

PRESCRIPTION CLAIMS PROCESSOR

Molina Healthcare has selected RxAmerica as the Pharmacy Benefit Management (PBM) company to manage the prescription benefit for Molina members.

Questions on processing claims, formulary status or rejected claims may be directed to the RxAmerica Help Desk at (800) 770-8014.

Membership and eligibility concerns may be addressed by calling the Molina Membership Services at (800) 526-8196, x 129522. Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at (800) 526-8196, x 129516.

PREFACE

USING THE MOLINA MEDI-CAL DRUG FORMULARY

The Molina Medi-Cal Drug Formulary is a listing of preferred drug products eligible for reimbursement by Molina. All medications are listed by brand name. The medications are organized by therapeutic classes. For your convenience, an index by both brand and generic names is located at the end of the Drug Formulary. New dosage forms/line extensions of Formulary products are considered non-Formulary, unless otherwise indicated in this listing.

CLINICAL CONSIDERATIONS

The Molina Healthcare Pharmacy and Therapeutics Committee has developed Clinical Considerations for many categories of medications and several specific drugs. The Clinical Considerations should not be considered prescribing guidelines or restrictions on the provider's use of certain medications. As these drugs are evaluated for inclusion in the patient's drug-therapy plan, the Clinical Considerations are important, key reminders related to cautions, drug-interactions, adverse effects or patient monitoring.

INDIVIDUAL PRESCRIPTIONS

Each prescription must legally be prescribed for one individual only. If prescribing for a family, each family member must receive a prescription. For a member to receive a covered over the counter medication, a written prescription is required.

GENERIC MEDICATIONS

Selected medications have FDA-approved generic equivalents available. The Molina drug endorsement states... “generic drugs will be dispensed whenever available”.

If the use of a particular brand-name becomes medically necessary as determined by the physician, the physician must contact Molina for prior authorization.

Molina encourages the use of quality generic products. Only those generic products which have received an “AB” rating by the FDA should be utilized. Physicians are encouraged to write “Brand Only” or “DNS” only when medically necessary.

The Pharmacy and Therapeutics Committee recognizes that certain medications possess narrow therapeutic dose response characteristics. Therefore, the following drugs are not recommended to be generically substituted, unless the patient has been therapeutically maintained on the generic product for a period of time.

Generic Name	Brand Name
Carbamazepine	Tegretol
Cyclosporine	Sandimmune, Neoral, Sangcya
Digoxin	Lanoxin
Levothyroxine	Synthroid or Levoxyl
Phenytoin	Dilantin
Warfarin	Coumadin

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Drug Formulary may be approved when medically necessary and when Formulary alternatives have demonstrated ineffectiveness. When these exceptional needs arise, the physician may fax a completed "Medication Prior Authorization Request" form to Molina. The forms may be obtained by calling the Molina Pharmacy Prior Authorization Department at (800) 526-8196 x 127854.

PRESCRIPTION QUANTITIES

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 30-day supply. Trial quantities may be used when trying new treatments, if appropriate.

URGENT AND AFTER-HOURS MEDICATION POLICY

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before prior authorization may be obtained from Molina. (e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription). Pharmacies are instructed to use their professional judgement. Molina will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may call Molina at (800) 526-8196 x 127854 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

TELEPHONE PRESCRIPTIONS

Whenever possible, the member should be given the prescription in writing. This will allow the member to make use of the most convenient network pharmacy and enable the pharmacy to fill the prescription after normal office hours.

HEALTHY FAMILIES

All medications listed in this Drug Formulary, with the exception of Over-the-counter (OTC) products (excluding insulins and diabetic testing supplies), are covered for Healthy Families members. Molina Healthy Families members are required to pay a \$5.00 co-payment for most prescriptions. No co-payment is required for contraceptive drugs and devices. Healthy Families members have a \$250 combined medical and pharmacy, annual out-of-pocket maximum per family. Department of Health Services (DHS) drug "carve-outs" for psychotropic and HIV medications do not apply for Healthy Families members.

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 - 1.1. Non-Narcotic Analgesics
 - 1.2. Narcotics Analgesics
 - 1.3. Non-Steroidal Anti-Inflammatory Drugs
 - 1.3.1 COX-2 Inhibitor
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2. **ANTIDIABETIC AGENTS**
 - 2.1. Sulfonylureas
 - 2.1.1. 1st Generation Sulfonylureas
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 - 3.1. Single-Entity Products
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4. **ANTI-INFECTIVE AGENTS**
 - 4.1. Penicillins
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 - 4.4. Tetracyclines
 - 4.5. Quinolones
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 - 4.8. Antituberculosis
 - 4.9. Antifungal – oral
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 - 4.11. Antimalarial
 - 4.12. Antielminitics
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- 5. **ANTILIPIDEMICS**
 - 5.1. HMG CoA Reductase Inhibitors (Statins)
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- 6. **ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS**
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- 7. **CARDIOVASCULAR MEDICATIONS**
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 - 7.2. Nitrates
 - 7.3. Beta-Blockers
 - 7.3.1. Beta-1 Specific
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 - 7.4. Calcium Antagonists
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 - 7.6.2. Angiotensin Converting Enzyme Inh / Calcium Channel Blocker Combination
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 - 7.10. Diuretics
 - 7.10.1. Loop Diuretics
 - 7.10.2. Thiazide & Related Diuretics
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 - 7.10.4. Carbonic Anhydrase Inhibitors
 - 7.11. Vasodilators

- 8. **CENTRAL NERVOUS SYSTEM AGENTS**
 - 8.1. Antianxiety Agents
 - 8.2. Antidepressants
 - 8.2.1. Tricyclics
 - 8.2.2. Tetracyclics
 - 8.2.3. Triazolopyridines/Phenylpiperazines
 - 8.2.4. SSRIs

- 8.2.5. Miscellaneous Antidepressants
- 8.3. Antimania Agents
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- 8.5. Sedatives & Hypnotics
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- 9. CONTRACEPTIVES & SEX HORMONES
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 - 9.2. Estrogens
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 - 9.3. Progestins
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 - 9.6. Contraceptives
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 - 9.6.3. Tri-Phasic Oral Contraceptives
 - 9.6.4. Progestin Oral Contraceptives
 - 9.6.5. Emergency Contraceptives
 - 9.6.6. Transdermal Contraceptives
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- 10. DERMATOLOGICALS & MUCOUS MEMBRANE AGENTS
 - 10.1. Acne Medications
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 - 10.5. Topical Corticosteroids in Combinations
 - 10.6. Scabicides/Pediculocides
 - 10.7. Anorectal
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 - 10.9. Miscellaneous Topicals
 - 10.10. Mucous membrane Agents

- 11. ENDOCRINE AGENTS
 - 11.1. Systemic Corticosteroids
 - 11.1.1. Glucocorticoids
 - 11.1.2. Mineralocorticoids

- 11.2. Osteoporis Agents
- 11.3. Thyroid Agents
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 - 11.3.2. Thyroid Hormones
- 11.4. Other Endocrine Agents

- 12. GASTROINTESTINAL AGENTS
 - 12.1. Helicbacter Pylori Agents
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 - 12.3. Proton Pump Inhibitors
 - 12.4. Antacids
 - 12.5. Miscellaneous Agents
 - 12.6. Antiemetics
 - 12.7. Gastrointestinal Anticholinergics/Antispasmodics
 - 12.8. Sulfonamides/Mesalamine Agents
 - 12.9. Laxatives
 - 12.10. Antidiarrheals
 - 12.11. Digestive Enzymes

- 13. GENITOUINARY AGENTS
 - 13.1. Vaginal Anti-Infectives
 - 13.2. Anticholinergics
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 - 13.4. Urinary Analgesics
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 - 13.6. Peripheral Antiadrenergic Agents

- 14. HEMATOLOGICAL AGENTS
 - 14.1. Hematopoeitic Agents
 - 14.2. Anticoagulants
 - 14.3. Antiplatelets
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- 15. NASAL PREPARATIONS
 - 15.1. Nasal Corticosteroids
 - 15.2. Miscellaneous Nasal Products

- 16. NEURO-MUSCULAR AGENTS
 - 16.1. Anticonvulsants
 - 16.2. Anti-Parkinson Agents

- 16.3. Skeletal Muscle Relaxants
- 16.4. Others

- 17. NUTRITIONAL PRODUCTS
 - 17.1. Vitamins
 - 17.2. Prenatal Vitamins
 - 17.3. Potassium supplements
 - 17.4. Others

- 18. OPHTHALMIC AGENTS
 - 18.1. Anti-Infectives
 - 18.1.1. Antibiotics and Combinations
 - 18.1.2. Antibiotics-Corticosteroids combinations
 - 18.1.3. Antifungals
 - 18.1.4. Antivirals
 - 18.2. Anti-Inflammatory Agents
 - 18.2.1. Corticosteroids
 - 18.2.2. NSAIDs
 - 18.3. Anti-Allergic Agents
 - 18.3.1. Decongestants
 - 18.3.2. Antihistamines
 - 18.3.3. Decongestant/Antihistamine Combinations
 - 18.3.4. Others
 - 18.4. Dilating Agents
 - 18.4.1. Anticholinergics
 - 18.4.2. Sympathomimetics
 - 18.5. Glaucoma Agents
 - 18.5.1. Alpha-2 Adrenergic Agonists
 - 18.5.2. Sympathomimetics
 - 18.5.3. Beta-Adrenergic Antagonists
 - 18.5.4. Miotics, Direct Acting
 - 18.5.5. Carbonic Anhydrase Inhibitors
 - 18.5.6. Prostaglandin Agonists

- 19. OTIC PREPARATIONS
 - 19.1. Otic Anti-infectives and Combinations
 - 19.2. Miscellaneous Otic Products

20. RESPIRATORY AGENTS

20.1. Cough/Cold Products

20.1.1. Cough/Cold Combinations

20.1.2. Pediatric Cough/Cold Combinations

20.1.3. Decongestants

20.1.4. Antitussives & Expectorants

20.2. Beta Adrenergic Agonists

20.2.1. Inhalers

20.2.2. Solutions

20.2.3. Oral Tablets

20.3. Long-Acting Beta Agonists

20.4. Xanthine Derivatives

20.5. Corticosteroids Inhalation

20.6. Corticosteroids/Beta Agonist Combinations

20.7. Leukotriene Inhibitors

20.8. Anticholinergics

20.8.1. Anticholinergic/Beta Agonist Combinations

20.9. Mast Cell Stabilizers

20.10. Respiratory Devices

21. MISCELLANEOUS



DRUG FORMULARY

Generic Available	Generic Name	Common Brand Name
Chapter 1 ANALGESICS		
1.1 Non-Narcotic Analgesics		
	Aspirin	ASPIRIN – OTC*
	Acetaminophen	TYLENOL – OTC*
	Salsalate	DISALCID
	Butalbital/ASA/ Caffeine	FIORINAL
	Butalbital/APAP/ Caffeine	FIORICET tabs
	Ketorolac tromethamine	TORADOL
	Tramadol HCL	ULTRAM

PRIOR APPROVAL REQUIRED

Butorphanol	STADOL NS SPRAY
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1.2 Narcotic Analgesics

- These drugs all have abuse potential. Tolerance and dependence can occur with prolonged use.
- Prescriptions should not exceed recommended doses of acetaminophen, aspirin or codeine.
- Patients on full doses of these medications should be warned not to supplement their pain relief with OTC drugs to avoid toxic levels
- Combining these agents with alcohol, muscle relaxants or antihistamines can cause excessive sedation and confusion.
- Patients should be cautioned not to use machinery or to do things that could be dangerous if they become drowsy or dizzy.

Hydromorphone (2mg and 4mg tabs only)	DILAUDID
Propoxyphene napsylate/APAP	DARVOCET-N
Methadone tablets	DOLOPHINE METHADOSE
Morphine sulfate CR	MS CONTIN, ORAMORPH SR
Oxycodone/APAP	PERCOCET

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
	Oxycodone/ASA	PERCODAN
	Acetaminophen/codeine	TYLENOL/CODEINE
	Hydrocodone/APAP acetaminophen	VICODIN, VICODIN ES, LORCET, COGESIC

PRIOR APPROVAL REQUIRED

Fentanyl Transdermal	DURAGESIC
Oxycodone HCL, CR	OXYCONTIN

1.3 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

- All NSAIDs have similar effectiveness and differ very little in their toxicity and side effects. Therefore, generically available NSAIDs should be considered as first line therapy
- Combinations of two or more NSAIDs offer no advantage, but do increase the chances of drug interaction and toxicity. Patients may be taking OTC NSAIDs without MD awareness.
- NSAID use in the following conditions deserves special consideration of potential risks: History of GI bleeding or ulcer; chronic anticoagulation, asthma, aspirin allergy, renal failure, hypertension or congestive heart failure.

Naproxen Sodium	ANAPROX, ANAPROX DS – OTC*
Flurbiprofen	ANSAID
Sulindac	CLINORIL
Piroxicam	FELDENE
Indomethacin	INDOCIN
Etodolac	LODINE
Ibuprofen	MOTRIN – OTC*
Meloxicam	MOBIC
Naproxen	NAPROSYN – OTC*
Diclofenac	VOLTAREN

1.3.1 COX-2 Inhibitor

Celcoxib (Limit to age 65 and older)	CELEBREX
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2nd Line:

PRIOR APPROVAL REQUIRED

Diclofenac/Misoprostol	ARTHROTEC
Oxaprozin	DAYPRO
Etodolac CR	LODINE XL
Ketoprofen CR caps	ORUVAIL
Nabumentone	RELAFEN

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
1.4 Antirheumatics		
	Methotrexate	METHOTREXATE
	Hydroxychloroquine	PLAQUENIL
1.5 Gout Agents		
	Probenecid	BENEMID
	Colchicine	COLCHICINE
	Indomethacin	INDOCIN
	Allopurinol	ZYLOPRIM
1.6 Migraine		
- Patients with 3 or more migraine attacks per month may be appropriate candidates for prophylactic therapy with standard therapy, including beta blockers or tricyclics.		
- In patients who do not respond to therapy, consider "rebound" effect. Migraine patients should be monitored for narcotic analgesic overuse or abuse.		
	APAP/ASA/ Caffeine	EXCEDRIN MIGRAINE - OTC*
	Ergotamine/caffeine	CAFERGOT
	Divalproex, extended release	DEPAKOTE ER
	Isometheptene/ dichloralphenazone/ APAP	MIDRIN
	Sumatriptan	IMITREX (9 tabs/45 days)
	Eletriptan	RELPAK (9 tabs/45 days)
	Zolmitriptan	ZOMIG (9 tabs/45 days)
PRIOR APPROVAL REQUIRED		
	Sumatriptan	IMITREX NASAL SPRAY INJECTION
	Dihydroergotamine	MIGRANAL NASAL SPRAY
Chapter 2 ANTIDIABETIC AGENTS		
2.1 Sulfonylureas		
2.1.1 1st Generation Sulfonylureas		
	Chlorpropamide	DIABINESE
	Tolazamide	TOLINASE
	Tolbutamide	ORINASE
2.1.2 2nd Generation Sulfonylureas and Combinations		
	Glipizide	GLUCOTROL
	Glipizide extended release	GLUCOTROL XL
	Glyburide	DIABETA, GLYNASE

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
	Glyburide/metformin	GLUCOVANCE
	Glimepiride	AMARYL
2.2 Alpha-Glucosidase Inhibitors		
	Acarbose	PRECOSE
2.3 Biguanides		
	Metformin	GLUCOPHAGE
2.4 Meglitinides		
PRIOR APPROVAL REQUIRED		
	Repaglinide	PRANDIN
2.5 Thiazolidinediones and Combinations		
	Pioglitazone (prior metformin use)	ACTOS (ST)
	Pioglitazone/metformin (prior metformin use)	ACTOPLUS MET (ST)
2.6 Dipeptidyl Peptidase IV Inhibitor		
PRIOR APPROVAL REQUIRED		
	Sitagliptin	JANUVIA
	Sitagliptin/metformin	JANUMET
2.7 Insulins		
	Insulin Regular	HUMULIN R, NOVOLIN R
	Insulin NPH	HUMULIN N, NOVOLIN N
	Insulin 70/30, 50/50	HUMULIN 70/30, 50/50 NOVOLIN 70/30
	Insulin Lente, Ultralente	HUMULIN L, U
	Insulin Aspart	NOVOLOG
	Insulin Aspart Mix	NOVOLOG 70/30
	Insulin Lispro	HUMALOG
	Insulin Lispro Mix	HUMALOG 75/25
	Insulin Glargine	LANTUS
2.8 Glucagon		
	Glucagon Injection	GLUCAGON KIT
2.9 Diabetic Supplies		
	Blood Glucose Meter	TRUETRACK
	Test Strips	TRUETRACK
	Syringes	
	Lancets	LANCETS, VARIOUS

Generic Available	Generic Name	Common Brand Name
Chapter 3 ANTIHISTAMINES AND COMBINATIONS		
3.1.1 Single-Entity Products		
	Diphenhydramine	BENADRYL tabs, elixir – OTC*
	Cetirizine	ZYRTEC
	Chlorpheniramine	CHLOR-TRIMETON – OTC*
	Clemestine	TAVIST tabs, syrup – OTC*
	Hydroxyzine	ATARAX, VISTARIL
	Cyproheptadine	PERIACTIN – OTC*
Lower Sedating Antihistamines:		
	Loratadine tabs chewable tabs	CLARITIN – OTC*
	Loratadine syrup	CLARITIN syrup – OTC*
	Phenindamine	NOLAHIST
PRIOR APPROVAL REQUIRED		
	Fexofenadine	ALLEGRA
3.1.2 Combination Products		
	Triprolidine/Pseudoephedrine	ACTIFED tabs, syrup - OTC*
	Chlortrimeton/decong. Bromphen/decong.	CONTAC tabs – OTC* DIMETAPP tabs, elix – OTC*
	Pyril/phenyltolox/pheniramine	RONDEC syrup – OTC* POLY-HISTINE – OTC*
Lower Sedating Combination Products		
	Loratadine/pseudoeph.	CLARITIN-D – OTC*
	Acrivastine/pseudoephedrine	SEMPREX-D
	Cetirizine/pseudoephedrine	ZYRTEC-D
PRIOR APPROVAL REQUIRED		
	Fexofenadine/pseudo.	ALLEGRA-D
Chapter 4 ANTI-INFECTIVE AGENTS		
4.1 Penicillins		
<ul style="list-style-type: none"> - Use with caution in patients with a reported allergy to cephalosporins and in patients with renal impairment. - Despite increasing antibiotic resistance, Amoxicillin continues to remain the drug of choice for otitis media in children. - Amoxicillin doses of 60-90mg/kg/day (in divided doses) may be needed for suspect/documented PCN-resistant <i>S. pneumoniae</i>. 		

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
1st line:		
	Dicloxacillin	DYNAPEN
	Ampicillin	PRINCIPEN
	Amoxicillin	TRIMOX
	Penicillin VK	VEETIDS
2nd Line:		
	Amoxicillin/ Potassium clavulanate tablets	AUGMENTIN Suspensions, Chewable tablets

4.2 Cephalosporins

- Dosage may need to be modified in patients with renal impairment. Inappropriately large doses may cause seizures.
- Use with caution in patients with a reported sensitivity or allergy to penicillin due to cross-sensitivity in about 10% of patients

Cephalexin	KEFLEX
Cefaclor	CECLOR
Cefdinir	OMNICEF
Cefixime	SUPRAX 400MG tab # 1 (for STDs)
Cephadrine	VELOSEF

PRIOR AUTHORIZATION REQUIRED

Cefprozil	CEFZIL
Cefadroxil	DURICEF

4.3 Macrolides

- Erythromycin is the most cost-effective alternative to penicillin for the treatment of many infections in penicillin-allergic patients.
- Co-administration may increase levels of several medications including theophylline, carbamazepine (Tegretol), cyclosporine (Sandimmune, Neoral) and warfarin (Coumadin).

1st Line:

Erythromycin ethylsuccinate	E.E.S. liquid and tablets
Erythromycin base (enteric coated)	ERY-TAB
Erythromycin stearate	ERYTHROCIN
Azithromycin Tab, Susp. (limit 1 fill per 30 days)	ZITHROMAX
Azithromycin	ZITHROMAX 1 gram powder pack (for STDs)

PRIOR AUTHORIZATION REQUIRED

Clarithromycin	BIAXIN
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Generic Available	Generic Name	Common Brand Name
4.4 Tetracyclines		
<ul style="list-style-type: none"> - Contraindicated for children less than 8 years old or pregnant and nursing mothers. - Absorption is decreased by dairy products, iron, bismuth and antacids. Doxycycline is minimally affected 		
	Tetracycline	SUMYCIN
	Doxycycline	VIBRAMYCIN

4.5 Quinolones

- Not generally considered First Line therapy for most infections.
- Not recommended for children less than 18 years of age.
- Consider use for:
 - Sensitive staphylococcal infections when another effective, less expensive oral antibiotic is not an option.
 - Gram negative, soft tissue, bone, renal and wound infections when the only other option is parenteral antibiotics.
 - Respiratory infections in cystic fibrosis patients as an alternative to parenteral antibiotics.
- Co-administration with theophylline may increase serum theophylline levels. Co-administration with warfarin (Coumadin) may increase Coumadin's effects.
- Common side effects for ciprofloxacin (Cipro) are restlessness and vomiting.

Ciprofloxacin	CIPRO
	Quantity limit of #28/rx

PRIOR AUTHORIZATION REQUIRED

Ofloxacin	FLOXIN
Levofloxacin	LEVAQUIN

4.6 Aminoglycosides

Neomycin

4.7 Sulfonamides

SMZ/TMP	BACTRIM, SEPTRA
Sulfisoxazole	GRANTRISIN
Sulfisoxazole/erythromycin	PEDIAZOLE susp

4.8 Antituberculosis

Isoniazid	ISONIAZID
Ethambutol	MYAMBUTOL
Pyrazinamide	PYRAZINAMIDE
Rifampin	RIFADIN
Pyridoxine	VITAMIN B-6

Generic Available	Generic Name	Common Brand Name
4.9 Antifungal – oral		
	Fluconazole	DIFLUCAN 150mg tab # 1
	Griseofulvin	FULVICIN UF, FULVICIN P/G
	Clotrimazole	MYCELEX (TROCHES ONLY)
	Nystatin	MYCOSTATIN

PRIOR AUTHORIZATION REQUIRED

Fluconazole	DIFLUCAN
Terbinafine	LAMISIL
Ketoconazole	NIZORAL
Itraconazole	SPORANOX
Posaconazole	NOXAFIL
Voriconazole	VFEND

4.10 Antiviral

Acyclovir	ZOVIRAX (caps and tabs)
Amantadine	SYMMETREL
Ganciclovir	CYTOVENE
Lamivudine	EPIVIR HBV
Osetamivir	TAMIFLU
(Quantity limit to one 5-day course per 9 months)	
Valganciclovir	VALCYTE

PRIOR AUTHORIZATION REQUIRED

Adefovir	HESPERA
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- Patients may be referred to HIV Case Management. Please call (800) 526-8196, x 126400.
- Antiretroviral agents are currently being developed at a rapid rate. The provider must be aware of the newest guidelines, side effects and drug interactions of these drugs, as they have been brought to the market rapidly with post-market surveillance needed.
- Recommendations change rapidly. Combination therapy is now the standard of care.
- There are a significant number of contraindicated medications with some protease inhibitors.
- Consultation with an AIDS or Infectious Disease specialist should occur if there are any questions or current recommendations or drug interactions.

Generic Available	Generic Name	Common Brand Name
-	Many HIV/AIDS medications are the financial responsibility of the Department of Health Services, through Medi-Cal Fee for Service Program. In such cases, pharmacies must bill these medications on-line to Medi-Cal Fee For Services. A complete listing of these medications may be obtained through the Molina Pharmacy Department at 800-526-8196 x 127854	

See Carve Out List on pages 62-63

PRIOR AUTHORIZATION REQUIRED

HIV Drugs – as approved by the FDA

4.11 Antimalarial

Pyrimethamine	DARAPRIM
Primaquine Phosphate	PRIMAQUINE

4.12 Antielminitics

Mebendazole	VERMOX
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4.13 Misc. Anti-Infectives

Clindamycin	CLEOCIN
Metronidazole	FLAGYL
Nitrofurantoin monohydrate/ macrocrystals LA	MACROBID
Nitrofurantoin	MACRODANTIN
Trimethoprim	TRIMPEX

Chapter 5 ANTILIPIDEMICS

CHOLESTEROL TREATMENT RISK FACTORS

RISK FACTORS

- Cigarette smoking
- Hypertension ($\geq 140/90$ mmHg or on antihypertensive medication)
- Low HDL cholesterol (< 40 mg/dL)
- Family history of premature CHD (CHD in male first degree relative < 55 yrs; CHD in female first degree relative < 65 yrs)
- Age (men ≥ 45 yrs; women ≥ 55 yrs)

CHD RISK EQUIVALENT

- Other clinical forms of atherosclerotic disease (peripheral arterial disease, abdominal aortic aneurysm, and symptomatic carotid artery disease);
- Diabetes;
- Multiple risk factors that confer a 10-yr risk for CHD $> 20\%$

In the presence of high HDL cholesterol, one risk factor is subtracted (ie. HDL ≥ 60 mg/dL)

TREATMENT DECISION BASED ON LDL CHOLESTEROL (mg/dL)

Patient Characteristics	Initiate diet	Consider Drug*	LDL Goal
Lower risk ¹ : 0 - 1 risk factors	≥ 160	≥ 190	< 160
Moderate risk ¹ : 2+ risk factors 10-yr risk $< 10\%$	≥ 130	≥ 160	< 130
Moderately high risk ¹ : 2+ risk factors 10-yr risk 10%-20%	≥ 130	≥ 130	< 130
High risk ¹ : CHD or CHD risk equivalent 10-yr risk $> 20\%$	≥ 100	≥ 100	< 100

¹ Please refer to ATP III for more detail description and for definition of risk categories

Generic Available	Generic Name	Common Brand Name
5.1 HMG CoA Reductase Inhibitors (Statins)		
	Lovastatin	MEVACOR
	Ezetimibe/Simvastatin (prior failure of simvastatin)	VYTORIN (ST)
	Pravastatin	PRAVACHOL
	Rosuvastatin (prior failure of simvastatin)	CRESTOR (ST)
	Simvastatin	ZOCOR
	Simvastatin/ Niacin (failure of simvastatin and reduction of TG)	SIMCOR (ST)

PRIOR AUTHORIZATION REQUIRED

Lovastatin/extended release niacin	ADVICOR
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5.2 Fibrates

Gemfibrozil	LOPID
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PRIOR AUTHORIZATION REQUIRED

Fenofibrate	TRICOR
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5.3 Other Cholesterol Lowering Agents

- Niacin has several side effects including flushing, itchy skin, GI distress, liver toxicity, hyperglycemia and hyperuricemia. To avoid flushing, give niacin with meals and start with a low dose, titrating up slowly. One aspirin or ibuprofen given 1 hour before the niacin dose helps against persistent flushing.

Niacin, Niacin SR	NIACIN, SLO-NIACIN
Niacin timed release	NIASPAN
Colesevelam	WELCHOL

Chapter 6 ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

6.1 Antineoplastics

Melphalan	ALKERAN
Anastrozole	ARIMIDEX
Exemestane	AROMASIN
Bicalutamide C	ASODEX
Lomustine	CEENU
Cyclophosphamide	CYTOXAN
Estramustine	EMCYT
Levamisole	ERGAMISOL
Flutamide	EULEXIN
Teremefine	FARESTON

Generic Available	Generic Name	Common Brand Name
	Letrozole	FEMARA
	Imatinib	GLEEVEC
	Altretamine	HEXALEN
	Hydroxyurea	HYDREA
	Chlorambucil	LEUKERAN
	Mitotane	LYSODREN
	Procarbazine	MATULANE
	Megestrol	MEGACE
	Busulfan	MYLERAN
	Tamoxifen	NOLVADEX
	Mercaptopurine	PURINETHOL
	Methotrexate	RHEUMATREX
	Diethylstilbestrol	STILPHOSTROL
	Bexarotene	TARGETIN
	Etoposide	VEPESID
	Tretinoin	VESANOID

PRIOR AUTHORIZATION REQUIRED

Imatinib mesylate	TARCEVA
Erlotinib	

6.2 Immunosuppressants

Azathioprine	IMURAN
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PRIOR AUTHORIZATION REQUIRED

Mycophenolate Mofetil	CELLCEPT
Tacrolimus	PROGRAF
Sirolimus	RAPAMUNE
Cyclosporine	SANDIMMUNE, NEORAL

Chapter 7 CARDIOVASCULAR MEDICATIONS

7.1 Cardiac Glycosides

Digoxin	LANOXIN
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7.2 Nitrates

Isosorbide dinitrate SR	DILATRATE SR
Isosorbide mononitrate	IMDUR, MONOKET ISMO ISORDIL (excluding Tembids)
Nitroglycerin SR	NITRO-BID
Nitroglycerin patch	NITRO-DUR
Nitroglycerin oint	NITROL OINT
Nitroglycerin spray	NITROLINGUAL SPRAY
Nitroglycerin tabs	NITROSTAT

Generic Available	Generic Name	Common Brand Name
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NOTE: WITH THE EXCEPTION OF CERTAIN RACES OR COMORBID CONDITIONS, JNC VII GUIDELINES FOR THE TREATMENT OF HYPERTENSION CONTINUE TO RECOMMEND DIURETICS OR BETA BLOCKERS TO BE THE FIRST LINE THERAPY

7.3 Beta-Blockers

7.3.1 Beta-1 Specific

Metoprolol	LOPRESSOR
Atenolol	TENORMIN
Metoprolol ER	TOPROL XL
Bisoprolol fumerate	ZEBETA

7.3.2 Non-Selective

Carvedilol	COREG (not CR)
Nadolol	CORGARD
Propranolol	INDERAL
Propranolol XL	INNOPRAN XL
Penbutolol	LEVATOL
Labetalol	NORMODYNE

7.3.3 Beta-Blockers Combinations

Bisoprolol/HCTZ	ZIAC
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7.4 Calcium Antagonists

Amlodipine	NORVASC
Nifedipine SR	ADALAT-CC
Verapamil, -SR	CALAN, -SR
Diltiazem, -ER	DILACOR XR, TIAZAC, CARDIZEM SR
Isradipine, -CR	DYNACIRC, -CR
Felodipine	PLENDIL

7.5 Antidysrhythmic Drugs

Amiodarone	CORDARONE, PACERONE
Flecainide	TAMBOCOR
Procainamide SR	PROCANBID
Procainamide	PRONESTYL
Propafenone	RYTHMOL
Quinidine gluconate	QUINAGLUTE
Quinidine sulfate SR	QUINIDEX
Quinidine sulfate	
Sotalol	BETAPACE, AF

Generic Available	Generic Name	Common Brand Name
7.6 Angiotensin Converting Enzyme Inhibitors		
- ACE inhibitors may precipitate acute renal failure and hyperkalemia in patients with severe heart failure, pre-existing renal disease, or hypovolemic states.		
- Co-administration of ACE inhibitors with potassium or potassium-sparing diuretics increases the risk of hyperkalemia.		
- Use of ACE inhibitors in the second and third trimesters of pregnancy can harm or even kill a developing fetus and are contraindicated in pregnancy.		
	Quinapril	ACCUPRIL
	Captopril	CAPOTEN
	Benazepril	LOTENSIN
	Enalapril	VASOTEC
	Lisinopril	ESTRIL
7.1.1 Angiotensin Converting Enzyme Inh / Diuretic Combination		
	Captopril/HCTZ	CAPOZIDE
	Lisinopril/HCTZ	ZESTORETIC
7.1.2 Angiotensin Converting Enzyme Inh / Calcium Channel Blocker Combination		
	Benazepril/Amlodipine	LOTREL
7.7 Angiotensin II Receptor Blockers		
- ARBs may be useful in those patients who require treatment with an ACE, but are unable to tolerate common ACE adverse effects, such as cough.		
	Olmesartan	BENICAR
	Valsartan	DIOVAN
7.1.1 ARB / Diuretic Combination		
	Olmesartan/HCTZ	BENICAR HCT
	Valsartan/HCTZ	DIOVAN HCT
7.8 Antiadrenergic Agents-Centrally Acting		
	Methyldopa	ALDOMET
	Clonidine	CATAPRES (tabs only)
7.9 Antiadrenergic Agents-Peripheral Acting		
	Doxazosin	CARDURA
	Terazosin	HYTRIN
	Prazosin	MINIPRESS
7.10 Diuretics		
7.10.1 Loop Diuretics		
	Bumetanide	BUMEX

Generic Available	Generic Name	Common Brand Name
	Furosemide	LASIX
7.10.2	Thiazide & Related Diuretics	
	Hydrochlorothiazide	HYDRODIURIL
	Indapamide	LOZOL
	Metolazone	ZAROXOLYN
7.10.3	Potassium Sparing Diuretics	
	Spironolactone	ALDACTONE
	Triamterene/HCTZ	DYAZIDE MAXZIDE-25, MAXZIDE-50
7.10.4	Carbonic Anhydrase Inhibitors	
	Acetazolamide	DIAMOX
	Methazolamide	NEPTAZANE
7.11	Vasodilators	
	Hydralazine	APRESOLINE

Chapter 8 CENTRAL NERVOUS SYSTEM AGENTS

The Department of Health Services through the Medi-Cal Fee for Service program has assumed financial responsibility for select psychiatric medications in Los Angeles, San Bernadino, Riverside, Yolo, Sacramento (GMC), and San Diego counties. Pharmacies must bill these medications on-line to Medi-Cal Fee-For-Service when prescribed to members residing in these counties. In these instances, Prior Authorization from the plan is not required. These medications are notated in the Formulary with "Medi- Cal FFS".

8.1 Antianxiety Agents

Lorazepam	ATIVAN
Chlordiazepoxide	BUSPAR
Oxazepam	LIBRIUM
Diazepam	VALIUM
Alprazolam	XANAX
Bupirone	BUSPAR

8.2 Antidepressants

8.2.1 Tricyclics

Clomipramine	ANAFRANIL
Amoxapine	ASCENDIN
Amitriptyline	ELAVIL
Desipramine	NORPRAMIN
Nortriptyline	PAMELOR
Doxepin	SINEQUAN
Imipramine	TOFRANIL

Generic Available	Generic Name	Common Brand Name
8.2.2. Tetracyclics		
	Mirtazapine	REMERON (regular tabs only)
8.2.3 Triazolopyridines/Phenylpiperazines		
	Trazodone	DESYREL
	Nefazodone	SERZONE
8.2.4 SSRIs		
	Fluoxetine	PROZAC (10, 20mg caps only)
	Citalopram	CELEXA
	Paroxetine	PAXIL (not CR)
	Sertraline	ZOLOFT
8.2.5 Monoamine Oxidase Inhibitors		

See Carve Out List on pages 62-63

8.2.6 SNRIs

Venlafaxine	EFFEXOR (not XR)
Venlafaxine XR	EFFEXOR XR

8.2.7 Miscellaneous Antidepressants

Bupropion	WELLBUTRIN (not SR)
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PRIOR AUTHORIZATION REQUIRED

Bupropion SR	WELLBUTRIN SR
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8.3 Antimania Agents

See Carve Out List on pages 62-63

8.4 Antipsychotics

Many antipsychotic medications are the financial responsibility of the Department of Health Services, through Medi-Cal Fee for Service Program. In such cases, pharmacies must bill these medications on-line to Medi-Cal Fee For Services. A complete listing of these medications may be obtained through the Molina Pharmacy Department at 800-526-8196 x 127854.

See Carve Out List on pages 62-63

8.5 Sedatives & Hypnotics

- Non-drug therapies such as promotion of good sleep habits, relaxation and behavioral therapies may improve quality of sleep.

Generic Available	Generic Name	Common Brand Name
-	Drug therapies or conditions associated with insomnia include the SSRI antidepressants, beta blockers, clonidine, caffeine, nicotine, theophylline, nasal decongestants and alcohol or drug withdrawal.	
-	The use of sedatives/hypnotics should be restricted to short-term therapy. Recognize drug misuse patterns in patients and limit prescription quantities and refills.	
	Flurazepam	DALMANE
	Triazolam	HALCION
	Temazepam 15, 30mg caps	RESTORIL
	Chloral Hydrate	NOCTEC
	Zolpidem	AMBIEN
	(Limit to #14/30 days)	

PRIOR AUTHORIZATION REQUIRED

Estazolam	PROSOM
Zaleplon	SONATA

8.6 ADHD Agents

Amphetamine, mixed salts	ADDERALL
Amphetamine, mixed salts (extended release)	ADDERALL XR
Dextroamphetamine	DEXEDRINE
Methylphenidate ER	METADATE CD (once daily dosing only)
Methylphenidate	RITALIN, -SR
Atomoxetine	STRATTERA (<age 18 only)
-	Quantity limited to 1 cap/day (except 40mg)
-	Only daily doses of 10,18,25,40,60,80,100mg are covered
-	Prior authorization required for ages > 18
-	For use as monotherapy only

8.7 Smoking Cessation Agents

PRIOR AUTHORIZATION REQUIRED

Nicotine transdermal	NICODERM CQ – OTC*
Nicotine polacrilex	NICORETTE GUM – OTC*
Nicotine transdermal	NICOTROL (15mg) – OTC*
Nicotine nasal spray	NICOTROL INHALER
Bupropion	ZYBAN
Varenicline	CHANTIX

8.8 Other CNS Agents

Disulfiram	ANTABUSE
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* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
Chapter 9 CONTRACEPTIVES & SEX HORMONES		
9.1 Contraceptives		
9.1.1 Mono-Phasic Oral Contraceptives		
	Levonorgestrel/ethinyl estradiol	ALESSE
	Ethinyl estradiol norethindone acetate	LOESTRIN
	Norgestrel/ethinyl estradiol	LO-OVRAL, OVRAL
	Desogestrol/ethinyl estradiol	MIRCETTE
	Ethinyl estradiol/norethindrone	MODICON
	Levonorgestrel/ethinyl estradiol	NORDETTE
	Ethinyl estradiol/desogestrel	ORTHO-CEPT
	Ethinyl estradiol/norgestimate	ORTHO-CYCLEN
	Ethinyl estradiol/norethindrone	ORTHO-NOVUM
	Norethindrone/mestranol	ORTHO-NOVUM 1/50
	Ethinyl estradiol/norethindrone	OVCON-35, OVCON-50
	Ethinyl estradiol/drospirenone	YASMIN
9.1.2 Bi-Phasic Oral Contraceptives		
	Norethindone/ethinyl estradiol	ORTHO-NOVUM 10/11
9.1.3 Tri-Phasic Oral Contraceptives		
	Norethindrone/ethinyl estradiol	ESTROSTEP
	Norethindrone/ethinyl estradiol	ORTHO-NOVUM 7/7/7
	Norgestimate/ethinyl estradiol	ORTHO TRI-CYCLEN
	Levonorgestrel/ethinyl estradiol	TRIPHASIL
9.1.4 Progestin Oral Contraceptives		
	Norethindone	MICRONOR, NOR-QD
	Norgestrel	OVRETTE
9.1.5 Emergency Contraceptives		
	Levonorgestrel	PLAN B
9.1.6 Transdermal Contraceptives		
	Norelgestromin/ethinyl estradiol	ORTHO EVRA PATCH
9.1.7 Intravaginal Contraceptives		
	Etonogestrel/ethinyl estradiol	NUVARING
9.1.8 Injectable Contraceptives		
	Medroxyprogesterone acetate	DEPO-PROVERA
9.2 Androgens		
PRIOR AUTHORIZATION REQUIRED		
	Testosterone transdermal system	TESTODERM PATCH

Generic Available	Generic Name	Common Brand Name
9.3 Estrogens		
	Estradiol	ESTRACE
	Estrogens, esterified	ESTRATAB
	Estrogens, conjugated	PREMARIN
	Estradiol transdermal	ESTRADERM PATCH, VIVELLE
9.3.1 Estrogen/Progesterone Combination		
	Ethinyl Estradiol/Northindrone	FEMHRT
	Estrogen, conjugated medroxyprogesterone	PREMPRO PREMPHASE
	Estradiol/Norethindrone transdermal	COMBIPATCH
9.4 Progestins		
	Norethindrone acetate	AYGESTIN
	Medroxyprogesterone	PROVERA, CYCRIN
9.5 Endometriosis Agents		
	Danazol	DANOCRINE
	Nafarelin	SYNAREL
9.6 Uterine Stimulants		
	Methylergonovine	METHERGINE
Chapter 10 DERMATOLOGICALS & MUCOUS MEMBRANE AGENTS		
10.1 Acne Medications		
	Benzoyl peroxide lotion	OTC*
	Benzoyl peroxide gel	DESQUAM-E DESQUAM-X
	Clindamycin 1% Topical solution	CLEOCIN T soln
	Erythromycin topical soln	ERYCETTE
	Sulfacetamide Sodium/Sulfur (Lotion and emulsion)	
	Tretinoin	RETIN A cream, gel only (Microgel is not covered)
10.2 Topical Antiinfectives		
	Mupirocin	BACTROBAN
	Bacitracin ointment	OTC*
	Triple antibiotic ointment	OTC*
	Polysporin ointment	OTC*
	Gentamicin	GARAMYCIN

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
	Silver Sulfadiazine	SILVADENE
10.3 Topical Antifungals		
	Tolnaftate cream	TINACTIN – OTC*
	Clotrimazole cream/soln	MYCELEX – OTC*
	Miconazole cream	MONISTAT CREAM
	Nystatin	MYCOSTATIN
	Triamcinolone/nystatin	cream, oint, powder MYCOLOG II
Use with caution in pediatric patients due to potential for stria and sensitization		
PRIOR AUTHORIZATION REQUIRED		
	Ciclopirox	LOPROX
	Clotrimazole/betamethasone	LOTRISONE (cream)
	Ketoconazole cream	NIZORAL (cream)
10.4 Topical Corticosteroids		
GROUP IV (LOW POTENCY)		
	Hydrocortisone	HYTONE
	Desonide	TRIDESILON
GROUP III (MEDIUM POTENCY)		
	Triamcinolone acetonide	KENALOG
	Fluocinolone	SYNALAR
	Desoximetasone cream 0.05%	TOPICORT LP
	Hydrocortisone valerate	WESTCORT
PRIOR AUTHORIZATION REQUIRED		
	Prednicarbate	DERMATOP
	Monetasone furoate	ELOCON
GROUP II (HIGH POTENCY)		
	Betamethasone dipropionate	DIPROSONE
	Betamethasone valerate	VALISONE
	Fluocinonide	LIDEX
	Desoximetasone	TOPICORT
PRIOR AUTHORIZATION REQUIRED		
	Halcinonide	HALOG, HALOG-E
GROUP 1 (VERY HIGH POTENCY)		
PRIOR AUTHORIZATION REQUIRED		
	Augmented betamethasone dipropionate	DIPROLENE
	Diflorasone diacetate	FLORONE, FLORONE E PSORCON

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
PRIOR AUTHORIZATION REQUIRED		
	Halobetasol	ULTRAVATE
10.5 Topical Corticosteroids in Combinations		
	Hydrocortisone/pramoxine	EPIFOAM
10.6 Scabicides/Pediculocides		
	Malathion	OVIDE (ST) (failure of OTC Nix or RID)
	Permethrin	NIX – OTC*
	Permethrin	ELIMITE
	Perethins Combo	RID, A-200 – OTC*
10.7 Anorectal		
	Hydrocortisone Acetate	ANUSOL HC SUPP
	Hydrocortisone/pramoxine	PROCTOCREAM HC
	Hydrocortisone	PROCTOCREAM HC 2.5%
10.8 Anti-Psoriatics		
	Anthralin	DITHROCREME
PRIOR AUTHORIZATION REQUIRED		
	Calcipotriene	DOVONEX
	Tazarotene topical gel	TAZORAC
10.9 Misc. Topicals		
	Calamine Lotion	OTC*
	Selenium Sulfide	SELSUN SHAMPOO-Rx
PRIOR AUTHORIZATION REQUIRED		
	Fluorouracil, topical	EFUDEX 5%
	Pimecrolimus	ELIDEL
	Tacrolimus oint	PROTOPIC
10.10 Mucous Membrane Agents		
	Clotrimazole Troche	MYCELEX TROCHE
	Nystatin suspension	MYCOSTATIN
	Lidocaine viscous	XYLOCAINE VISCOUS
Chapter 11 ENDOCRINE AGENTS		
11.1 Systemic Corticosteroids		
11.1.1 Glucocorticoids		
	Hydrocortisone	CORTEF
	Dexamethasone	DECADRON
	Methylprednisolone	MEDROL
	Prednisone	ORASONE
	Prednisolone	PREDNISOLONE

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
	Prednisolone syrup	PRELONE
11.1.2	Mineralocorticoids	
	Fludrocortisone	FLORINEF
11.2	Osteoporis Agents	
	Raloxifene	EVISTA (ages>50)
PRIOR AUTHORIZATION REQUIRED		
	Risedronate	ACTONEL
	Alendronate	FOSAMAX
	Ibandronate	BONIVA
	Calcitonin Salmon	MIACALCIN NASAL SPRAY
11.3	Thyroid Agents	
11.3.1	Antithyroid Agents	
	Propylthiouracil	PTU
	Methimazole	TAPAZOLE
11.3.2	Thyroid Hormones	
	Thyroid desiccated	ARMOUR THYROID
	Levothyroxine	LEVOXYL, SYNTHROID
11.4	Other Endocrine Agents	
	Ergocalciferol	CALCIFEROL
	Desmopressin	DDAVP
	Dihydrotachysterol	DHT, HYTAKEROL
	Bromocriptine	PARLODEL
Chapter 12 Gastrointestinal Agents		
12.1	Helicobacter Pylori Agents	
	Bismuth Subsalicylate/ Metronidazole/TCN	HELIDAC
	Ranitidine bismuth citrate	TRITEC
12.2	Histamine-2 Antagonists	
	Famotidine	PEPCID AC – OTC*
	Cimetidine	TAGAMET
	Ranitidine	ZANTAC (tabs, syrup only)
12.3	Proton Pump Inhibitors	
	Omeprazole capsules	PRILOSEC (capsules only)
PRIOR AUTHORIZATION REQUIRED		
	Pantoprazole	PROTONIX
	Prevacid soluble tablet	PREVACID SOLUTAB
	Lansoprazole soluble tablet	

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
12.4 Antacids		
	Alum/Mag Hydroxide	MAALOX, MAALOX TC – OTC*
	Alum/Mag Hydroxide/ Simethicone	MYLANTA, MYLANTA II – OTC*
	Calcium Carbonate	TUMS – OTC*
12.5 Miscellaneous Agents		
	Simethicone	MYLICON – OTC*
	Sulcrafate	CARAFATE
	Misoprostol	CYTOTEC
12.6 Antiemetics		
	Meclizine	ANTIVERT
	Ondansetron (Limit to #9/21 days)	ZOFRAN
	Prochlorperazine	COMPAZINE
	Promethazine (Age limit to 2 years and older)	PHENERGAN
	Trimethobenzamide	TIGAN
12.7 Gastrointestinal Anticholinergic/Antispasmodics		
	Dicyclomine	BENTYL
	Belladonna alkaloids/ phenobarbital	DONNATAL
	L-Hyoscyamine sulfate	LEVSIN, LEVSINEX
	CDZ/Clidinium	LIBRAX
	Probanthelene	PRO-BANTHINE
	Metoclopramide	REGLAN
12.8 Sulfonamides/Mesalamine Agents		
	Sulfasalazine	AZULFIDINE
	Mesalamine tabs and caps	ASACOL, PENTASA
12.9 Laxatives		
	Lactulose	CEPHULAC - OTC*
	Docusate sodium	COLACE – OTC*
	Bisacodyl	DULCOLAX – OTC*
	Senna	SENNA – OTC*
	Sennosides - Docusate	SENOKOT S – OTC*
12.10 Antidiarrheals		
	Loperamide	IMMODIUM – OTC*
	Attapulgite	KAOPECTATE – OTC*
	Diphenoxylate/atropine	LOMOTIL

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
	Bismuth subsalicylate	PEPTO BISMOL – OTC*
12.11 Digestive Enzymes	Lipase/Protease/ Amylase	COTAZYME, CREON ACREASE, VIOKASE
12.12 GI Preparations	PEG Solution	COLYTE, COLYTE FLAVORED
	Barium Enema Prep Kit	FLEETS PREP KIT
Chapter 13 GENITOUINARY AGENTS		
13.1 Vaginal Anti-Infectives		
	Butoconazole	FEMSTAT 3 – OTC*
	Clotrimazole	GYNE-LOTRIMIN – OTC*
	Miconazole	MONISTAT 7, 3 cm supp. – OTC*
	Acetic acid vaginal gel	ACI-JEL
	Clindamycin	CLEOCIN VAG CREAM
	Fluconazole	DIFLUCAN 150mg tab # 1
	Metronidazole	METROGEL-VAGINAL
	Nystatin	MYCOSTATIN
	Triple sulfa vag cream	TRIPLE SULFA vaginal cream
13.2 Anticholinergics	Oxybutynin	DITROPAN
13.3 Cholinergic Drugs	Bethanechol	URECHOLINE
13.4 Urinary Analgesics	Phenazopyridine	PYRIDIUM
13.5 Vaginal Estrogens	Conjugated Estrogen	PREMARIN vag cream
	Estradiol	VAGIFEM vag cream
13.6 Peripheral Adrenergic Agents	Doxazosin	CARDURA
	Terazosin	HYTRIN capsules
PRIOR AUTHORIZATION REQUIRED		
	Tamsulosin	FLOMAX
	Alfuzosin	UROXATRAL

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
Chapter 14 HEMATOLOGICAL AGENTS		
14.1 Hematopoietic Agents		
	Folic acid	FOLVITE
	Folic acid/B-12/Iron	NIFEREX-150 FORTE
	Vitamin A	AQUASOLA
14.2 Anticoagulants		
	Warfarin	COUMADIN
14.3 Antiplatelets		
	Aspirin	ASPIRIN – OTC*
	Clopidogrel	PLAVIX
	Dipyridamole	PERSANTINE
14.4 Hemorrhologic Agents		
	Pentoxifylline	TRENTAL
Chapter 15 NASAL AGENTS		
15.1 Nasal Corticosteroids		
	Flunisolide	NASAREL
	Fluticasone	FLONASE
PRIOR AUTHORIZATION REQUIRED		
	Beclomethasone dipropionate	BECONASE AQ, VANCENASE AQ DS
	Triamcinolone acetonide	NASACORT
	Mometasone	NASONEX
15.2 Miscellaneous Nasal Products		
	Cromolyn Nasal inhaler	NASALCROM – OTC
	Azelastine	ASTELIN
Chapter 16 NEURO-MUSCULAR AGENTS		
16.1 Anticonvulsants		
	Valproic acid	DEPAKENE
	Divalproex sodium	DEPAKOTE, DEPAKOTE ER
	Phenytoin	DILANTIN
	Clonazepam	KLONOPIN
	Primidone	MYSOLINE
	Gabapentin	NEURONTIN
	Phenobarbital	PHENOBARBITAL
	Carbamazepine	TEGRETOL, TEGRETOL XR

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
	Ethosuximide	ZARONTIN
PRIOR AUTHORIZATION REQUIRED		
	Levetiracetam	KEPPRA
	Lamotrigine	LAMICTAL
	Topiramate	TOPAMAX
	Oxcarbazepine	TRILEPTAL
16.2 Antiparkinson Agents		
	Biperiden HCL	AKINETON Medi-Cal FFS
	Trihexyphenidyl	ARTANE Medi-Cal FFS
	Benzotropine	COGENTIN Medi-Cal FFS
	Selegiline	ELDEPRYL Medi-Cal FFS
	Levodopa	LARODOPA
	Bromocriptine	PARLODEL
	Carbidopa/entacapone /levodopa	STALEVO
	Amantadine	SYMMETREL Medi-Cal FFS
16.3 Skeletal Muscle relaxants		
	Cyclobenzaprine	FLEXERIL (10mg only)
	Baclofen	LIORESAL
	Orphenadrine	NORFLEX
	Carisoprodol	SOMA
	Carisoprodol/ASA	SOMA COMPOUND
	Methocarbamol	ROBAXIN
PRIOR AUTHORIZATION REQUIRED		
	Orphenadrine/ASA/ Caffeine	NORGESIC, NORGESIC FORTE
16.4 Others		
	Pyridostigmine	MESTINON
Chapter 17 NUTRITIONAL PRODUCTS		
17.1 Vitamins		
	Vitamin K	MEPHYTON
	Multi-vitamins & Flouride	POLY-VI-FOR tabs & drops TRI-VI-FLOR tabs & drops
	Calcitriol	ROCALTROL
17.2 Prenatal vitamins		
	Prenatal vitamins	NIFEREX PN, PN FORTE
	Prenatal vitamins	PRENATAL-S
	Prenatal vitamins	PRENAVITE

Generic Available	Generic Name	Common Brand Name
17.3 Postassium supplement		
	Potassium Cl liquid	
	Potassium Cl tablets	K-DUR, K-tabs, KLOTRIX
	Potassium CL effervescent	K-LYTE/Cl tablets
17.4 Others		
	Calcium Acetate	PHOSLO
	Calcium Carbonate	OS-CAL, TUMS – OTC*
	Pediatric Electrolyte Soln	PEDIALYTE soln – OTC*
	Ferrous Sulfate	FEOSOL tabs, soln
	Ferrous Gluconate	FERGON - OTC*
	Levocarnitine	CARNITOR
	Magnesium Chloride	SLOW MAG
	Magnesium Oxide	MAG OXIDE
	Sevelamer	REVELA RENAGEL (ST) (failure of Phos-Lo)
	Sodium Flouride drops/tabs	LURIDE

Chapter 18 Ophthalmic Agents

18.1 Anti-Infectives

18.1.1 Antibiotics and Combinations

Bacitracin	AK-TRACIN
Sulfacetamide	BLEPH 10, SODIUM SULAMYD
Chloramphenicol	CHLOROPTIC
Gentamicin	GENOPTIC
Erythromycin	ILOTYCIN OPTH OINT
Gramicidin/neomycin/ polymyxin B	NEOSPORIN
Ofloxacin	OCUFLOX
Polymyxin/TMP	POLYTRIM
Tobramycin	TOBEX

PRIOR AUTHORIZATION REQUIRED

Moxifloxacin	VIGAMOX (except Ophthalmology)
Gatifloxacin	ZYMAR

18.1.2 Antibiotics-Corticosteroid combinations

Sulfacetamide/prednisolone	BLEPHAMIDE
Hydrocortisone/neomycin polymyxin B	CORTISPORIN

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
	Prednisolone 0.5% neomycin/polymixin B	POLY PRED SUSP
	Prednisolone 1%/gentamicin Prednisolone 0.6% tobramycin/dexamethasone	PRED-G drops TOBRADEX
18.1.3 Antifungals		
	Natamycin 5%	NATACYN
18.1.4 Antivirals		
	Trifluridine	VIROPTIC
18.2 Anti-inflammatory Agents		
18.2.1 Corticosteroids		
	Dexamethasone 0.1%	DECADRON, AK-DEX
	Fluorometholone 0.1%	FML, FML FORTE
	Prednisolone 0.12%, 1%	PRED MILD, PRED FORTE
18.2.2 NSAIDs		
	Ketorolac	ACULAR, ACULAR LS
	Flurbiprofen	OCUFEN
	Diclofenac 0.1%	VOLTAREN
18.3 Anti-Allergic Agents		
18.3.1 Decongestants		
	Naphazoline	NAPHCON
18.3.2 Antihistamines		
	Ketotifen	ZADITOR OTC*
	Olapatadine (Age limit to 18 and younger)	PATANOL
18.3.3 Decongestant/Antihistamine combinations		
	Naphazoline/antazoline	VASOCON A
18.3.4 Others		
	Ketotifen	ZADITOR - OTC*
18.4 Dilating Agents		
18.4.1 Anticholinergics		
	Cyclopentolate	CYCLOGYL
	Scopolamine	ISOPTO HYOSCINE
	Atropine	ISOPTO ATROPINE
	Homatropine	ISOPTO HOMATROPINE
	Tropicamide	MYDRIACIL
18.4.2 Sympathomimetics		
	Phenylephrine	NEOSYNEPHRINE

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
18.5 Glaucoma Agents		
18.5.1 Alpha-2 Adrenergic Agonists		
	Brimonidine 0.2%	ALPHAGAN
	Brimonidine/timolol	COMBIGAN
18.5.2 Symathomimetics		
	Epinephrine HCL	EPIFRIN
	Dipivefrin	PROPINE
18.5.3 Beta-Adrenergic Antagonists		
	Levobunolol	BETAGAN
	Betaxolol	BETOPTIC 0.25%, 0.5% susp
	Timolol maleate 0.25%, 0.5%	TIMOPTIC soln
	Timolol maleate 0.25%, 0.5%	TIMOPTIC XE gel
18.5.4 Miotics, Direct Acting		
	Pilocarpine	HCL PILOCAR
18.5.5 Carbonic Anhydrase Inhibitors		
	Dorzolamide HCL 1%	TRUSOPT
18.5.6 Prostaglandin Agonists		
	Bimatoprost	LUMIGAN
	Latanoprost 0.005%	XALATAN

Chapter 19 OTIC PREPARATION

19.1 Otic Anti-infectives and combinations

Ciprofloxacin/dexamethasone	CIPRODEX
Hydrocortisone/neomycin/ Polymyxin B	CORTISPORIN OTIC

PRIOR AUTHORIZATION REQUIRED

Ofloxacin	FLOXIN OTIC
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19.2 Miscellaneous Otic Products

Carbamide Peroxide	DEBROX – OTC*
Benzocaine/antipyrine	AURALGAN
Triethanolamine/chlorobutanol	CERUMENEX
Acetic Acid	VOSOL
Hydrocortisone/acetic acid	VOSOL HC OTIC

Chapter 20 RESPIRATORY AGENTS

20.1 Cough/Cold Products

OTC products may be used as first line therapy

20.1.1 Cough/Cold Combinations

Triprolidine/pseudoephedrine	ACTIFED tabs, syrup – OTC*
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* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
	Chlorpheniramine/decong.	CONTAC 12 hr caps – OTC*
	Brompheniramine/decong.	DIMETAPP tabs, elixir – OTC*
	Brompheniramine/pseudo.	BROMDEC tabs, syrup
	Pyri/phenyltolox/pheniramine	POLY-HISTINE
20.1.2 Pediatric cough/cold products		
	Pseudo/chlorpheniramine	PEDIACARE COUGH
	dextromethophan	COLD LIQUID – OTC*
	(All dextromethophan products	are limit to 2 years and older)
	Pseudoephedrine	PEDIACARE DECON-
	dextromethophan	GESTANT & COUGH – OTC*
	(All dextromethophan products	are limit to 2 years and older)
20.1.3 Decongestants		
	Pseudoephedrine	PEDIACARE SUDAFED tabs, syrup – OTC*
	Guaifenesin/ pseudoephedrine	ENTEX PSE (120-600 only)
20.1.4 Antitussives & Expectorants		
	Guaifenesin	ROBITUSSIN – OTC*
	Guaifenesin/ Dextromethorphan	ROBITUSSIN DM – OTC*
	Hydrocodone/phenyl/CTM	HISTUSSIN HC, HISTINEX HC
	(All dextromethophan products	are limit to 2 years and older)
	Guaifenesin	HUMIBID DM,
	Dextromethorphan	FENESIN DM
	(All dextromethophan products	are limit to 2 years and older)
	Codeine/promethazine	PHENERGAN/CODEINE
	Dextromethorphan	PHENERGAN DM - OTC*
	Promethazine	
	(All dextromethophan products	are limit to 4 years and older)
	Codeine/promethazine/ phenylephrine	PHENERGAN VC/ CODEINE
	(All promethazine products	are limit to 6 years and older)
	Guaifenesin/Codeine	ROBITUSSIN AC
	Pseudo/carbinoxamine/DM	RONDEC DM
	Guaifenesin/DM	TUSSI-ORGANIDIN DM NR
	Guaifenesin/Codeine	TUSSI-ORGANIDIN NR

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
	Benzonatate	TESSALON PERLES
20.2 Beta Adrenergic Agonist		
20.2.1 Inhalers		
	Metaproterenol	ALUPENT INHALER
	Pirbuterol	MAXAIR AUTOHALER
	Albuterol	PROAIR HFA
20.2.2 Solutions		
	Terbutaline	BRETHINE
	Albuterol	PROVENTIL, VENTOLIN
20.2.3 Oral tablets		
	Terbutaline	BRETHINE
	Albuterol	PROVENTIL
	Albuterol extended release	VOLMAX
20.3 Long-Acting Beta Agonist		
	Formoterol fumarate	FORADIL
	Salmeterol (not for acute symptoms)	SEREVENT DISKUS
20.4 Xanthine Derivatives		
	Theophylline 8-12 hr TR	SLO-BID GYROCAPS
	Theophylline 8-24 hr TR	THEO-DUR
	Theophylline	UNIPHYL
20.5 Corticosteroids Inhalation		
-	Per NIH guidelines, inhaled steroids are primary, 1 st line treatment for all forms of persistent asthma.	
-	Use of short-acting inhaled beta-2 agonists more than 2 times a week may indicate the need to initiate long-term control therapy.	
	Flunisolide	AEROBID
	Mometasone furoate	ASMANEX
	Triamcinolone acetonide	AZMACORT
	Fluticasone	FLOVENT
	Budesonide inhalation soln	PULMICORT respules (up to age 6 only)
	Beclomethasone	QVAR
20.6 Corticosteroids/Beta Agonist Combinations		
	Budesonide/formoterol (failure of low to medium dose inhaled corticosteroid therapy)	SYMBICORT (ST)
	Fluticasone/Salmeterol (failure of low to medium dose inhaled corticosteroid therapy)	ADVAIR (all strength) (ST)

Generic Available	Generic Name	Common Brand Name
20.7 Leukotriene Inhibitors		
<ul style="list-style-type: none"> - Per NIH guidelines, they are reserved as alternative treatment for those patients who have failed combinations of inhaled steroids and long-acting beta agonists. - They may be less effective than inhaled corticosteroids - Prior Authorization requests for Leukotriene inhibitors will not be authorized when they are used as a steroid replacement. Continued use on inhaled steroids will be required. - They are no more effective than formulary alternatives for the treatment for allergic rhinitis. 		
	Montelukast (failure of 2-months of inhaled corticosteroids)	SINGULAIR (ST)
PRIOR AUTHORIZATION REQUIRED		
	Zafirlukast	ACCOLATE
20.8 Anticholinergics		
	Ipratropium	ATROVENT inhaler
	Ipratropium inhalation soln for nebulizer	ATROVENT soln
PRIOR AUTHORIZATION REQUIRED		
	Tiotropium	SPIRIVA
20.8.1 Anticholinergic/Beta Agonist combination		
PRIOR AUTHORIZATION REQUIRED		
	Ipratropium/Albuterol	COMBIVENT
20.9 Mast Cell Stabilizers		
	Cromolyn inhalation soln for nebulizer	INTAL soln
	Nedocromil sodium	TILADE inhaler
20.10 Respiratory devices		
	Vaporizer	VARIOUS – OTC*
	Inhaler enhancement device	AEROCHAMBER, E-Z SPACER, MICROCHAMBER, OPTICHAMBER, INSPIREASE EASIVENT
<ul style="list-style-type: none"> - Spacers consistently increase the delivery of inhaled medications in all age groups, regardless of technique, and are strongly recommended. - Limit of two spacers devices per year. 		

* OTC medications are not covered for Healthy Families

Generic Available	Generic Name	Common Brand Name
Chapter 21 MISCELLANEOUS		
	Insect Sting Kit	EPIPEN, JR, ANA-KIT
	Condoms (max 12)	VARIOUS – OTC*
	Spermicidal jelly/foam/film	VARIOUS – OTC*
	Diaphragm	VARIOUS



**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
ACCOLATE	Zafirlukast	Moderate to severe asthma; failure on inhaled steroids. Can not be authorized as steroid replacement.
ACTONEL	Risedronate	Treatment of osteoporosis. Treatment and prevention of glucocorticoid-induced osteoporosis. Prevention of osteoporosis in postmenopausal women with one or more additional risk factors besides menopause. Treatment of Paget's disease of bone. Bone mineral density (BMD) is required prior to initiating therapy for prevention of glucocorticoid-induced osteoporosis.
ADDERALL XR (FOR AGES >18)	Amphetamine, mixed salts	Treatment of ADHD, with documented ADHD diagnosis by psychiatry. Prior Authorization is not required for ages <18.
ADVAIR	Fluticasone- Salmeterol	Prevention of asthma attacks after failure of low to medium dose inhaled corticosteroids or currently on both an inhaled corticosteroid and a long acting beta agonist.
ALDARA cream _{NF}	Imiquimod	Treatment of external genital and perianal warts/condyloma acuminata in adults; treatment of clinically typical, non-hyperkeratotic/non-hypertrophic actinic keratoses on face or scalp; treatment of biopsy-confirmed, primary superficial basal cell carcinoma, with maximum tumor diameter of 2cm. Treatment course must be consistent with product label.
ALLEGRA, -D	Fexofenadine Fexofenadine/	Treatment of allergic rhinitis/urticaria. Failure of OTC antihistamines (Including

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
	pseudoephedrine	Claritin and Nolahist), Semprex-D, and nasal steroids. Not for use in combination with nasal steroids (combo no more effective than single agent)
AMBIEN CR _{NF}	Zolpidem controlled release	Ambien CR requests approved as immediate release Ambien.
APIDRA _{NF}	Insulin Glulisine	Treatment of diabetes in patients 18 yr and older in conjunction with a longer acting insulin or basal insulin analog; Failure of Humalog, Novolog due to intolerance/hypersensitivity reaction.
ARAVA _{NF}	Leflunomide	Treatment of active rheumatoid arthritis; failure on/intolerance to methotrexate and sulfasalazine. Prescribed by rheumatologist.
ARTHROTEC	Diclofenac /misoprostol	Treatment of arthritis in patients at high risk for ulcers.
BECONASE AQ	Beclomethasone	Failure of generic formulary agents fluticasone and flunisolide
BIAXIN	Clarithromycin	Failure on first-line antibiotic, as indicated by nature of infection. OK as first-line for MAC and <i>H. Pylori</i> . For <i>H. Pylori</i> , use Prevpac.
BONIVA	Ibandronate	Treatment of osteoporosis. Treatment and prevention of glucocorticoid-induced osteoporosis. Prevention of osteoporosis in postmenopausal women with one or more additional risk factors besides menopause. Bone mineral density (BMD) is required prior to initiating therapy for prevention of glucocorticoid-induced osteoporosis.
BYETTA NF	Exenatide	Treatment of Type II diabetes with HbA1c < 9.0. Failure of Metformin and TZD's combinations; Request by diabetes specialist or endocrinologist.

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
CEFZIL	Cefprozil	Failure on first-line antibiotic, as indicated by nature of infection.
CELLCEPT	Mycophenolate Mofetil	Prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants.
CHANTIX	Varenicline	For smoking cessation. Member must be enrolled in a smoking cessation program. Treatment course limited to 12 weeks. Member must have documented 4-week continuous abstinence during the initial 12 weeks to be approved for the second 12 weeks. Limit of one trial every 52 weeks.
COMBIVENT	Ipratropium/ Albuterol	Tx of chronic obstructive pulmonary disease (COPD) as single drug tx (no separate rescue medication needed); or compliance issue related to manual dexterity.
COREG CR _{NF}	Carvedilol	Coreg CR is approved as immediate release Coreg
CRESTOR	Rosuvastatin Calcium	Treatment of hypercholesterolemia. Step therapy; failure of lovastatin, simvastatin.
DAYPRO	Oxaprozin	Use in patients with documented treatment failure on at least two generic NSAIDs, each treatment course being at least 2 weeks.
DAYTRANA _{NF}	Methylphenidate patch	Treatment of ADHD in patients 6 yr and older who is unable to take oral formulations due to specific medical condition. "Unable to swallow" justification must have prior failure to formulations with sprinkle capability (i.e., Metadate CD, Adderall XR)
DERMATOP	Prednicarbate	Use in patients with documented treatment failure on non-Prior Auth Formulary medium potency (Group III) steroids (e.g, Kenalog, Synalar, Topicort LP, Westcort).

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
DETROL _{NF}	Tolterodine	Tx of overactive bladder. Failure/ contraindication to oxybutynin. Rx'd by Urologist.
DIFLUCAN	Fluconazole	Treatment of oropharyngeal, esophageal, or other forms of serious candidiasis; also cryptococcal meningitis. Single- dose 150mg tablet is available without prior authorization for vaginal candidiasis.
DIPROLENE	Augmented betamethasone	Failure on lower potency steroids, unless indicated by specific condition.
DITROPAN XL _{NF}	Oxybutynin Tr ER	Treatment of overactive bladder. Failure on regular oxybutynin. Rx'd by Urologist.
DOVONEX	Calcipotriene	Treatment of moderate plaque psoriasis.
DURAGESIC	Fentanyl transdermal	Treatment of severe chronic pain with documented failure on / intolerance to oral formulary long-acting analgesics; documented evaluation/recommendation by pain management specialist or oncology
DURICEF (suspension only)	Cefadroxil	Failure on first-line antibiotic, as indicated by nature of infection.
EFUDEX	Fluoruracil topical	Treatment of Actinic or Solar Keratoses
ELIDEL	Pimecrolimus	Treatment of short-term and intermittent long-term therapy of mild to moderate atopic dermatitis in patients > 2 years of age; failure of topical steroids. 30g quantity max.
ELOCON	Mometasone	Use in patients with documented treatment failure on non-Prior Auth Formulary medium potency (Group III) steroids (e.g, Kenalog, Synalar, Topicort LP, Westcort).
FLOMAX	Tamsulosin	Treatment of Benign Prostatic Hyperplasia (BPH); failure/intolerance Hytrin/Cardura.
FLORONE, -E	Diflorasone Diacetate	Failure on lower potency steroids, unless indicated by specific condition.

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
FLOXIN	Ofloxacin	Failure on 1st-line antibiotic, as indicated by nature of infection. OK as 1st-line for STDs.
FLOXIN OTIC	Ofloxacin	Chronic suppurative OM with perforated tympanic membrane, or acute OM with tympanostomy tubes. For otitis externa patients, Cortisporin is first-line agent.
FOSAMAX	Alendronate	Treatment of osteoporosis. Treatment and prevention of glucocorticoid-induced osteoporosis. Prevention of osteoporosis in postmenopausal women with one or more additional risk factors besides menopause. Treatment of Paget's disease of bone. Bone mineral density (BMD) is required prior to initiating therapy for prevention of glucocorticoid-induced osteoporosis.
GEODON	Ziprasidone	Treatment of schizophrenia; * <i>NOTE- In LA, San Bernardino, Riverside, Yolo, and GMC counties, Geodon is billed to Medi-Cal Fee-For-Service for all Medi-Cal members</i>
GLEEVEC	Imatinib	Newly diagnosed adult patients with Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML); (CML) in blast crisis, accelerated phase or chronic phase after failure of interferon therapy; treatment of patients with Kit-(CD 117) positive unresectable and/or metastatic malignant gastrointestinal stromal tumors (GISTs); Treatment of pediatric patients with (Ph+) chronic myeloid leukemia (CML) in chronic phase, and for children whose disease has recurred after stem cell transplant or who are resistant to interferon alpha therapy.
HALOG, -E	Halcinonide	Use in patients with documented treatment failure on non-Prior Auth Formulary high potency (Group II) steroids (e.g, Lidex, Valisone, Topicort, Diprosone).

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
HESPERA	Adefovir	Treatment of chronic Hepatitis B in adults with evidence of active viral replication and either evidence of persistent elevations in LFTs or histologically active disease; failure of Eпивir HBV
HIV MEDICATIONS	Miscellaneous	Most HIV medications are to be billed to Medi-Cal Fee-For-Service on-line for all Medi-Cal members. This applies to members residing in LA, San Bernadino, Riverside, Yolo, and GMC-Sacramento counties. For all others, medication will be authorized once Molina Medical Case Management is notified of member's condition.
IMITREX Injection, nasal spray	Sumatriptan Succinate	Abortive treatment of migraine attacks. Failure on oral Imitrex. Prophylactic therapy needed in patients with 2 or more attacks per month. Quantity limits - Inject. - 1 kit per month; 20 mg NS - 6 per month.
INSULIN PEN DEVICES _{NF}	All insulins	Insulin Pen Delivery systems to be authorized when member is either blind or disabled. Can not be authorized for convenience purposes.
JANUVIA JANUMET	Sitagliptin Sitagliptin/ Metformin	Treatment of Type II diabetes with HbA1c > 7; Failed or intolerant to max doses of sulfonylureas/metformin, or in addition to insulin.
KEPPRA	Levetiracetam	Treatment of seizures, with therapy initiated by neurology; not approved for psychiatric use.
KYTRIL tablets	Granisetron	Prevention of nausea/vomiting associated with initial and repeat courses of emetogenic chemotherapy, including high dose cisplatin; nausea and vomiting associated with radiation. Must fail Zofran prior to approval.

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
LAMICTAL	Lamotrigine	Treatment of seizures, with therapy initiated by neurology; Maintenance treatment of adults with Bipolar Disorder, with therapy managed by psychiatry. 50mg dose approved as 100mg ½ tab. 100mg dose approved as 200mg ½ tab.
LAMISIL (tablets only)	Terbinafine HCl	Tx of onychomycosis with (+) KOH/ PAS stain; member must be experiencing pain that interferes with normal activity, or be diabetic, have peripheral vascular dz, or be immunocompromised; normal baseline LFTs required
LEVAQUIN	Levofloxacin	Failure on first-line antibiotic, as indicated by nature of infection. Dosage for Uncomplicated UTI (with failure to first-line abx) is 250mg QD x 3 Days.
LEVEMIR _{NF}	Insulin Detemir	Treatment of diabetes in patients with prior failure of formulary long acting insulins due to intolerance/ hypersensitivity reaction
LODINE XL	Etodolac CR	Use in patients with documented treatment failure on at least two generic NSAIDs, each treatment course being at least 2 weeks.
LOPROX	Ciclopirox	Treatment of dermatomycosis; failure on Formulary OTC antifungals.
LOTRISONE	Clotrimazole/ betamethasone	Treatment of dermatomycosis; failure on Formulary OTC antifungals or when an additional steroid is required.
LUNESTA _{NF}	Eszopiclone	Treatment of insomnia in adult patients who has history of failure to formulary alternatives. Complete medical summary with documentation of nature of failure to prior therapies is required. Requested by sleep specialist, neurologist or psychiatrist.
LYRICA _{NF}	Pregabalin	Documented failure to Neurontin for treatment of partial onset seizures as

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
		adjunctive therapy, neuropathic pain associated with diabetic neuropathy, post herpetic neuralgia and fibromyalgia.
MIACALCIN NASAL SPRAY	Calcitonin	Treatment of postmenopausal osteoporosis in females greater than 5 years postmenopause.
MIGRANAL	Dihydroergotamine Nasal Spray	Acute treatment of migraine with or without aura; failure or intolerance of Formulary agents. Prophylactic therapy needed in patients with 2 or more attacks per month.
NASACORT AQ	Triamcinolone acetonide	Failure of generic formulary agents fluticasone and flunisolide
NASONEX	Mometasone	Failure of generic formulary agents fluticasone and flunisolide
NICORETTE GUM (OTC)	Nicotine polacrilex	For smoking cessation. Treatment course limited to 3 months. Member must be enrolled in a smoking cessation program. Max #96 pieces/month. Limit of one trial every 52 weeks.
NICOTROL 15mg PATCH (OTC)	Nicotine transdermal	For smoking cessation. Treatment course limited to 3 months. Member must be enrolled in smoking cessation program. Limit of one trial every 52 weeks.
NICOTROL NASAL SPRAY	Nicotine nasal spray	For smoking cessation. Treatment course limited to 3 months. Member must be enrolled smoking cessation program. Max #4 boxes/month. Limit of one trial every 52 weeks.
NIZORAL	Ketoconazole	<i>Oral</i> - Treatment of systemic fungal infections and severe recalcitrant cutaneous dermatophyte infections not responding to topical therapy or griseofulvin. <i>Topical</i> - Treatment of dermatomycosis; failure on Formulary OTC antifungals. <i>Shampoo</i> - Failure of selenium sulfide.

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
NON-FORMULARY DRUGS _{NF}	Miscellaneous	Failure on all Formulary drugs within same drug class, unless unique indication exists that is not treatable with those agents or other Formulary alternatives.
NORGESIC, NORGESIC FORTE	Orphenadrine /ASA/ Caffeine	Failure of non-Prior Auth Formulary skeletal muscle relaxants (e.g., Flexeril, Soma, Lioresal, Norflex)
NOXAFIL	Posaconazole	Treatment or prophylaxis of invasive Candida and Aspergillus infections in severely immunocompromised patients; Treatment of systemic fungal infections after failure of itraconazole and/or fluconazole.
OMACOR _{NF}	Omega-3-acid ethyl Esters	Treatment of severe hypertriglyceridemia ($\geq 500\text{mg/dL}$) in patients who gemfibrozil and Niacin are contraindicated.
ORUVAIL	Ketoprofen CR	Use in patients with documented treatment failure on at least two generic NSAIDs, each treatment course being at least 2 weeks.
OXYCONTIN	Oxycodone CR	Treatment of severe chronic pain with documented failure on other formulary long-acting analgesics; documented evaluation/recommendation by pain management specialist or oncology; Approved only for QD or BID dosing, no prn use
PRANDIN	Repaglinide	Treatment of type 2 diabetes, after failure on sulfonylureas and metformin
PREVACID	Lansoprazole	Treatment /maintenance of healing of erosive esophagitis associated with GERD, and treatment of pathological hypersecretory conditions; documented failure (via pharmacy claims history) of OTC Prilosec 2-month trial for Medi-Cal members, H2 blocker trial for Healthy Families members. BID dosing allowed only in extreme circumstances.

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
PROGRAF capules	Tacrolimus	Prophylaxis of organ rejection in patients receiving allogeneic renal or hepatic transplants.
PROSOM	Estazolam	Failure on non-Prior Auth Formulary sedatives/hypnotics (e.g, Dalmane, Restoril)
PROTONIX	Pantoprazole	Treatment /maintenance of healing of erosive esophagitis associated with GERD, and treatment of pathological hypersecretory conditions; documented failure (via pharmacy claims history) of OTC Prilosec 2-month trial for Medi-Cal members, H2 blocker trial for Healthy Families members.
PROTOPIC	Tacrolimus	Treatment of short-term and intermittent long-term therapy of mild to moderate atopic dermatitis in patients > 2 years of age; failure of topical steroids. 30g quantity max.
PSORCON	Diflorasone diacetate	Failure on lower potency steroids, unless indicated by specific condition.
RAPAMUNE	Sirolimus	Prophylaxis of organ rejection in patients receiving allogeneic renal transplants.
REGRANEX _{NF}	Becaplermin	Tx of lower-extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond and have an adequate blood supply, in addition to debridement, pressure relief and infection control. Ulcer must be <10cm ² and diabetes must be under control (HgA1c<10). Must be prescribed by an orthopedic surgeon/ podiatrist. Max 15g/month x 5 months.
RELAFEN	Nabumetone	Use in patients with documented treatment failure on at least two generic NSAIDs, each treatment course being at least 2 weeks.
RELENZA _{NF}	Zanamivir	Treatment of influenza within 48 hours of onset. Member must have pre-existing

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
		medical condition that would be significantly worsened by influenza. Must be >7 years old.
RESTASIS	Cyclosporine ophthalmic	To increase tear production in patients diagnosed with condition keratoconjunctivitis sicca; Prescribed by ophthalmology
REVATIO _{NF}	Silfenadil	Treatment of pulmonary arterial hypertension. Requested by Pulmonology. Approved as silfenadil 50mg or 100mg, ½ tablets for 25mg and 50mg doses.
RISPERDAL	Risperidone	Treatment of psychotic disorders; Prescribed by psychiatrist.] <i>*NOTE- In LA, San Bernardino, Riverside, Yolo, and GMC counties, Risperdal is billed to Medi-Cal Fee-For-Service for all Medi-Cal members.</i>
ROZEREM _{NF}	Ramelteon	Treatment of insomnia in adult patients who have history of failure to formulary alternatives or in whom formulary hypnotics are contraindicated. Complete medical summary with documentation of nature of failure to prior therapies is required. Requested by sleep specialist, neurologist or psychiatrist.
SANDIMMUNE/ NEORAL/ GENGRAF	Cyclosporine	Prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants. Treatment of patients with severe active, rheumatoid arthritis, failure of methotrexate. Treatment of adult, non-immunocompromised patients with severe, recalcitrant, plaque psoriasis who have failed to respond to at least one systemic therapy or in patients for whom other systemic therapies are contraindicated, or cannot be tolerated.

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
SIMCOR	Simvastatin/ niacin	Failure of maximum doses of simvastatin or reduction in TG not attainable with simvastatin alone.
SINGULAIR	Montelukast	Moderate to severe asthma with recent failure on inhaled corticosteroids. Can not be authorized as steroid replacement: must be given concurrently with a steroid. For allergies, failure of Formulary agents must be documented as Singulair has not been shown to be more effective in clinical trials than any Formulary agents.
SONATA	Zaleplon	Short-term treatment of insomnia. Failure/intolerance to Formulary agents including Restoril, Elavil, Dalmane. Quantity limited #14/month, #30/month for special circumstances when prescribed by psychiatrist.
SPIRIVA	Tiotropium	Maintenance treatment of COPD-induced bronchospasm; must be either prescribed or recommended by pulmonary specialist.
SPORANOX	Itraconazole	Tx of onychomycosis with (+) KOH/PAS stain; member must be experiencing pain that interferes with normal activity, or be diabetic, have peripheral vascular dz, or be immunocompromised; normal baseline LFTs required
STADOL NASAL SPRAY	Butorphanol	Treatment of acute pain; failure or intolerance to Formulary narcotics. If used for migraines member must have failed Formulary Triptans and will be on prophylaxis while on Stadol.
STRATTERA (FOR AGES >18)	Atomoxetine	Treatment of ADHD, with documented ADHD diagnosis by psychiatry. **QD dosing only. 1 capsule max/day for all strengths except 40mg. 2 capsules max/day for 40mg. No Prior Auth Required for ages <18.

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
SUPRAX	Cefixime	Failure on first-line antibiotic, as indicated by nature of infection.
SYMBICORT	Budesonide/ formoterol	Prevention of asthma attacks after failure of low to medium dose inhaled corticosteroids or currently on both an inhaled corticosteroid and a long acting beta agonist
SYMLIN _{NF}	Pramlintide	Treatment of type I diabetes. Patient must demonstrate compliance on their diabetes medications. Failure on Insulin; Requested by diabetes specialist or endocrinologist.
TARCEVA	Erlotinib	Tx of patients with locally advanced or metastatic non-small cell lung cancer as monotherapy after failure of platinum-based; requested by Oncology.
TAZORAC GEL	Tazarotene	Treatment of stable plaque psoriasis. Treatment of cystic acne, prescribed by dermatologist (0.1% only).
TESTODERM PATCH	Testosterone transdermal	Treatment of hypogonadism (primary and secondary). Max #30/month. Must be prescribed by endocrinologist.
TOPAMAX	Topiramate	Treatment of seizures, with therapy initiated by neurology; not approved for psychiatric use.
TRICOR	Fenofibrate	Treatment of hypertriglyceridemia, when patient is at risk of pancreatitis. Failure or intolerance to Lipid.
TRILEPTAL	Oxcarbazepine	Treatment of seizures, with therapy initiated by neurology; not approved for psychiatric use.
ULTRAVATE	Halobetasol	Failure on lower potency steroids, unless indicated by specific condition.
UROXATRAL	Alfuzosin	Treatment of Benign Prostatic Hyperplasia (BPH); failure /intolerance to Hytrin/Cardura.
VANCENASE AQ	Dipropionate	Failure of generic formulary agents fluticasone and flunisolide

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
VFEND	Voriconazole	Treatment of invasive aspergillosis; treatment of serious fungal infections caused by <i>Scedosporium apiospermum</i> or <i>Fusarium</i> sp, in patients intolerant of, or refractory to other therapy.
VIGAMOX	Moxifloxacin	Treatment of bacterial keratitis, endophthalmitis, or prophylaxis for ocular surgeries; prescribed by ophthalmologist.
VYTORIN	Ezetimibe and simvastatin	Treatment of hypercholesterolemia. Step therapy; failure of lovastatin, simvastatin.
WEIGHT LOSS MEDICATIONS _{NF}	Various FDA-approved	After failure on structured weight loss and diet programs, member must have a BMI >33 plus two or more of the following risk factors: poorly controlled HTN, diabetes, uncontrolled dyslipidemia, significant cardiac dz (except for Meridia), symptomatic sleep apnea, restrictive lung disease, or DJD/osteoarthritis of the hip and/or knee.
WELLBUTRIN SR	Bupropion	Treatment of depression. Not for smoking cessation (see ZYBAN).
XOPENEX _{NF}	Levalbuterol	PRN "Rescue" treatment of asthma; significant, unexpected cardiac side effects while on regular nebulized albuterol; in clinical trials, Xopenex has not been shown to be more effective than equipotent doses of albuterol on an outpatient basis.
ZOFTRAN tabs	Ondansetron	Prevention of post-operative nausea/vomiting; prevention of nausea/vomiting associated with radiotherapy. No PA required for prevention of chemotherapy induced nausea/vomiting. Limit to #9/21 day.

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
ZYBAN	Bupropion SR	For smoking cessation. Treatment course limited to 3 months. Member must be enrolled in Molina "Free and Clear" program or equivalent.
ZYMAR	Gatifloxacin	Treatment of bacterial keratitis, endophthalmitis, or prophylaxis for ocular surgeries; prescribed by ophthalmologist.
ZYPREXA	Olanzapine	Treatment of psychotic disorders and bipolar mania; Prescribed by psychiatrist. <i>*NOTE- In LA, San Bernardino, Riverside, Yolo, and GMC counties, pharmacy is to bill Medi-Cal Fee-For-Service on-line for all Medi-Cal members.</i>
ZYRTEC, -D	Cetirizine, Cetirizine/Pse	Treatment of allergic rhinitis/urticaria; Failure of OTC antihistamines (Including Claritin and Nolahist), Semprex-D, and nasal steroids. Not for use in combination with nasal steroids (combo no more effective than single agent)

NF= Denotes Non-formulary item

These guidelines for prior approval are for reference, only. They do not replace the professional judgment of the prescribing physician and do not necessarily apply to all patient-specific situations. All requests are looked at on a case by case basis.

Use of pharmaceutical samples in lieu of Formulary first-line agents does not guarantee authorization.

To request a copy of a prior authorization request form, or to request full-length criteria for a medication listed above (if applicable), call (800) 526-8196, x 127854.

The Department of Health Services through the Medi-Cal Fee for Service program has assumed financial responsibility for select psychiatric medications in Los Angeles, San Bernadino, Riverside, Yolo, Sacramento (GMC), and San Diego counties. Pharmacies must bill these medications on-line to Medi-Cal Fee-For-Service when prescribed to members residing in these counties. In these instances, Prior Authorization from the plan is not required.

These medications are notated in the Formulary with "Medi- Cal FFS".

PSYCHIATRIC DRUGS (Listed by Generic Name)	
Amantadine HCL (<i>Symmetrel[®]</i>)	Olanzapine/Fluoxetine (<i>Symbyax[®]</i>)
Aripiprazole (<i>Abilify[®]</i>)	Paliperidone (<i>Invega[®]</i>)
Benzotropine Mesylate (<i>Cogentin[®]</i>)	Perphenazine (<i>Trilafon[®]</i>)
Biperiden HCL (<i>Akineton[®]</i>)	Phenelzine Sulfate (<i>Nardil[®]</i>)
Biperiden Lactate (<i>Akineton[®]</i>)	Pimozide (<i>Orap[®]</i>)
Chlorpromazine HCL (<i>Thorazine[®]</i>)	Procyclidine HCL (<i>Kemadrin[®]</i>)
Chlorprothixene	Promazine HCL (<i>Sparine[®]</i>)
Clozapine (<i>Clozaril[®]</i>)	Quetiapine (<i>Seroquel[®]</i>)
Fluphenazine Decanoate (<i>Prolixin[®]</i>)	Risperidone (<i>Risperdal[®]</i> , <i>Risperdal Consta[®]</i>)
Fluphenazine Enanthate (<i>Prolixin[®]</i>)	Selegiline
Fluphenazine HCL (<i>Permitil[®]</i> , <i>Prolixin[®]</i>)	(<i>Eldepryl[®]</i> , <i>Emsam[®]</i> , <i>Zelapar[®]</i>)
	Thioridazine HCL (<i>Mellaril[®]</i>)
Haloperidol (<i>Halodol[®]</i>)	Thiothixene (<i>Navane[®]</i>)
Haloperidol Lactate (<i>Haldol[®]</i>)	Thiothixene HCL (<i>Navane[®]</i>)
Haloperidol Decanoate (<i>Haldol-D[®]</i>)	Tranlycypromine Sulfate (<i>Vesperin[®]</i>)
Isocarboxazid (<i>Marplan[®]</i>)	Trifluoperazine HCL (<i>Stelazine[®]</i>)
Lithium Carbonate (<i>Lithobid[®]</i> , <i>Lithonate[®]</i> , <i>Eskalith[®]</i>)	Triflupromazine HCL (<i>Vesperin[®]</i>)
Lithium Citrate (<i>various generic</i>)	
Loxapine HCL (<i>Loxitane[®]</i>)	Trihexyphenidyl HCL (<i>Artane[®]</i> , <i>Trihexy-5[®]</i>)
Loxapine Succinate (<i>Loxitane[®]</i>)	
Mesoridazine Mesylate (<i>Serentil[®]</i>)	Ziprasidone (<i>Geodon[®]</i>)
Molindone HCL (<i>Moban[®]</i>)	Quetiapine (<i>Seroquel[®]</i>)
Olanzapine (<i>Zyprexa[®]</i>)	

HIV DRUGS (Listed by Generic Name)	
Abacavir/Lamivudine/Zidovudine Combination (<i>Trizivir^R</i>)	Lopinavir/Ritonavir (<i>Kaletra^R</i>)
	Maraviroc (<i>Selzentry^R</i>)
Abacavir Sulfate (<i>Ziagen^R</i>)	Nelfinavir Mesylate (<i>Viracept^R</i>)
Amprenavir (<i>Agenerase^R</i>)	Nevirapine (<i>Viramune^R</i>)
Atazanavir (<i>Reyataz^R</i>)	Raltegravir Potassium
Darunavir Ethanolate (<i>Prezista^R</i>)	(<i>Isentress^R</i>)
Delavirdine Mesylate (<i>Rescriptor^R</i>)	Ritonavir (<i>Norvir^R</i>)
Efavirenz (<i>Sustiva^R</i>)	Saquinavir (<i>Invirase, Fortovase^R</i>)
Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate (<i>Atripla^R</i>)	Stavudine (<i>Zerit^R</i>)
Emtricitabine (<i>Emtriva^R</i>)	Tenofovir Disoproxil- Emtricitabine (<i>Truvada^R</i>)
Enfuvirtide (<i>Fuzeon^R</i>)	Tenofovir Disoproxil (<i>Viread^R</i>)
Etravirine (<i>Intence^R</i>)	Zidovudine/Lamivudine combination (<i>Combivir^R</i>)
Fosamprenavir Calcium (<i>Lexiva^R</i>)	
Indinavir Sulfate (<i>Crixivan^R</i>)	Zidovudine/Lamivudine/ Abacavir Sulfate (<i>Trizivir^R</i>)
Lamivudine (<i>Epivir^R</i>)	

Detoxification/Dependency Agents (Listed by Generic Name)	
Acamprosate Calcium (<i>Campra^R</i>)	Buprenorphine HCl (<i>Subutex^R, Buprenex^R</i>)
Buprenorphine/Naloxone HCl (<i>Suboxone^R</i>)	Naltrexone (oral and injectable) (<i>ReVia^R, Vivitrol^R</i>)

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		FULVICIN UF	20

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GLUCOVANCE.....	16
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Hydroxyzine	17
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IMITREX injection	15
IMITREX nasal spray	15
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Insulin Lente	16
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Ketoprofen CR Capsules	14
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Ketorolac tromethamine	13
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Levocarnitine	39
Levodopa	38
Levofloxacin	19
Levonogestrel	30
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Lisinopril /HCTZ	26
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Lithium Citrate	62
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LODINE	14
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LOESTRIN.....	30
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Loperamide	35
LOPID	23
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LOPRESSOR	25
LOPROX	32
Loratadine tabs	17
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LORCET	14
LOTENSIN	26
LOTREL	26
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Lovastatin/extended release niacin	23
Loxapine HCL.....	62
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LOZOL	27	Methazolamide	27
LUMIGAN	41	METHERGINE	31
LURIDE	39	Methimazole	34
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		Methotrexate	15, 24
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MAALOX TC -OTC	35	Methylphenidate	29
MACROBID	21	Methylphenidate ER	29
MACRODANTIN	21	Methylprednisolone	33
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Magnesium	41	Metolazone	27
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Maraviroc.....	63	Metoprolol ER	25
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MAXZIDE-25	27	MIACALCIN Nasal Spray	34
MAXZIDE-50	27	Miconazole	36
Mebendazole	21	Miconazole Cream	32
Meclizine	35	MICROCHAMBER.....	44
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Medroxyprogesterone.....	31	MIDRIN	15
Medroxyprogesterone acetate.....	30	MIGRANAL NASAL SPRAY	15
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Megestrol	24	MIRCETTE	30
MELLARIL	62	Mirtazapine	28
Meloxicam	14	Misoprostol	35
Melphalan	23	Mitotane	24
MEPHYTON	38	MOBAN	62
Mercaptopurine	24	MOBIC	14
Mesalamine tabs & caps	35	MODICON	30
Mesoridazine Mesylate.....	62	Molindone HCL	62
MESTINON	38	Mometasone furoate	43
METADATE CD (1cap/day)	29	Monetasone	37
Metaproterenol	43	Monetasone furoate	32
Metformin	16	MONISTAT 7	36
Methadone tablets	13	MONISTAT CREAM	32
		MONOKET ISMO	24

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Montelukast (step therapy)	44	Natamycin 5%	40
Morphine sulfate CR	13	NAVANE	62
MOTRIN	14	Nedocromil sodium	44
Moxifloxacin (ophth only)	39	Nefazodone	28
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Multi-vitamins & Fluoride	38	Neomycin	19
Mupirocin	31	NEORAL	24
MYAMBUTOL	19	NEOSPORIN	39
MYCELEX	20, 32	NEOSYNEPHRINE	40
MYCELEX TROCHE	33	NEPTAZANE	27
MYCOLOG II	32	NEURONTIN	37
Mycophenolate Mofetil.....	24	Nevirapine	63
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MYCOSTATIN cream, oint	32	Niacin SR	23
MYDRIACIL	40	Niacin timed release	23
MYLANTA	35	NIASPAN	23
MYLANTA II	35	NICODERM CQ	29
MYLERAN	24	NICORETTE GUM	29
MYLICON	35	Nicotine nasal spray	29
MYSOLINE	37	Nicotine polacrilex	29
		Nicotine transdermal	29
N		NICOTROL (15mg)	29
		NICOTROL inhaler	29
Nabumentone	14	Nifedipine SR	25
Nadolol	25	NIFEREX PN	38
Nafarelin	31	NIFEREX-150 FORTE	37
Naltrexone	63	NITRO-BID	24
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Naphazoline	40	Nitrofurantoin	21
Naphazoline/antazoline	40	Nitrofurantoin monohydrate/ macrocrystals LA	21
NAPHCN	40	Nitroglycerin oint	24
NAPROSYN	14	Nitroglycerin patch	24
Naproxen	14	Nitroglycerin Spray	24
Naproxen Sodium	14	Nitroglycerin SR	24
NARDIL	62	Nitroglycerin tabs	24
NASACORT.....	37	NITROL OINT	24
NASALCROM -OTC	37	NITROLINGUAL SPRAY	24
NASAREL	37	NITROSTAT	24
NASONEX	37	NIX	33
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NIZORAL	20	Ofloxacin	19, 39, 41
NIZORAL CREAM	32	Olanzapine	62
NOCTEC	29	Olapatadine	40
NOLAHIST	17	Olmesartan	26
NOLVADEX	24	Olmesartan HCTZ	26
NORDETTE	30	Omeprazole capsules.....	34
Norelgestromin/ ethinyl/estradiol	30	OMNICEF	18
Norethindrone	30	Ondansetron (#9/21 days)	35
Norethindrone acetate	31	OPTICHAMBER	44
Norethindrone/ ethinyl estradiol	30	ORAMORPH SR	13
Norethindrone/mestranol	30	ORAP	62
NORFLEX	38	ORASONE.....	33
NORGESIC	38	ORINASE	15
NORGESIC FORTE	38	Orphenadrine	38
Norgestimate/ethinyl estradiol	30	Orphenadrine/ASA/Caffeine	38
Norgestrel	30	ORTHO-CEPT	30
Norgestrel/ethinyl estradiol	30	ORTHO-CYCLEN	30
NORMODYNE	25	ORTHO-EVRA PATCH	30
NORPRAMIN	27	ORTHO-NOVUM	30
NOR-QD	30	ORTHO-NOVUM 1/50	30
Nortriptyline	27	ORTHO-NOVUM 10/11	30
NORVASC	25	ORTHO-NOVUM 7/7/7	30
NORVIR.....	63	ORTHO TRI-CYCLEN	30
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NOVOLIN R.....	16	OS-CAL	39
NOVOLIN 70/30	16	Oseltamivir.....	20
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NOVOLOG 70/30	16	OVCON-50	30
NOXAFIL	20	OVIDE.....	33
NUVARING	30	OVRAL	30
Nystatin	20, 32, 36	OVRETTE	30
Nystatin suspension	33	Oxaprozin	14
O		Oxazepam	27
OCUFEN	40	Oxcarbazepine	38
OCUFLOX	39	Oxybutynin	36
		Oxycodone HCL, CR	14
		Oxycodone/APAP	13
		Oxycodone/ASA	13
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Paliperidone.....	62	Phenindamine	17
PAMELOR	27	Phenobarbital	37
Pantoprazole	34	Phenylephrine	40
PARLODEL	34, 38	Phenytoin	37
PARNATE	29	PHOSLO	39
Paroxetine	28	PILOCAR	41
PATANOL (Age <18)	40	Pilocarpine HCL	41
PAXIL (NOT CR)	28	Pimecrolimus	33
Ped. Electrolyte Solution	39	Pimozide	62
PEDIA-CARE COUGH COLD		Pioglitazone	16
LIQUID	42	Pioglitazone/metformin	16
PEDIA-CARE SUDAFED	42	Pirbuterol	43
PEDIA-CARE DECONG		Piroxicam	14
& COUGH DROPS.....	42	PLAN B	30
PEDIAYTE solution	39	PLAQUENIL	15
PEDIAZOLE	19	PLAVIX	37
PEG Solution	36	PLENDIL	25
Penbutolol	25	PN FORTE	40
Penicillin VK	18	POLY PRED SUSP	40
PENTASA	35	POLY-HISTINE	17, 40
Pentoxifylline	37	Polymyxin/TMP	39
PEPCID AC	34	Polysporin ointment	31
PEPTO BISMOL	36	POLYTRIM	39
PERCOCET	13	POLY-VI-FLORTabs & drops	38
PERCODAN	13	Posaconazole	20
Perethins Combo	33	Potassium Cl effervescent	39
PERIACTIN	17	Potassium Cl Liquid	39
Permethrin	33	Potassium Cl tab	39
PERMITIL	62	PRANDIN	16
Perphenazine	62	PRAVACHOL	23
PERSANTINE	37	Pravastatin	23
Phenazopyridine	36	Prazosin	26
Phenelzine Sulfate.....	62	PRECOSE	16
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PHENERGAN DM	42	PRED MILD	40
PHENERGAN VC & COD	42	PRED-G DROPS	40
		Prednicarbate	32
		Prednisolone	33

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Prednisolone acetate 0.5%/		PRONESTYL	25
neomycin/polymixin B	40	Propafenone	25
Prednisolone 1%/gentamicin	40	PROPINE	41
Prednisolone syrup	34	Propoxyphene/napsylate	
Prednisolone 0.6%/tobramizin/		/APAP	13
dexamethasone	40	Propranolol	25
Prednisone	33	Propranolol XL	25
PRELONE	34	Propylthiouracil	34
PREMARIN	31	PROSOM	29
PREMARIN VAGINALCREAM	36	PROTONIX	34
PREMPHASE	31	PROTOPIC	33
PREMPRO	31	PROVENTIL	43
Prenatal vitamins	38	PROVERA	31
PRENATAL S	38	PROZAC (10, 20mg caps)	28
PRENAVITE	38	Pseudo/chlorpheniramine/	
Prevacid Soluble Tablet	34	dextromethorphan	42
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PREZISTA	63	Pseudoephedrine/	
PRILOSEC (capsules).....	34	carbinoxamine/DM	42
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Primaquine Phosphate	21	dextromethophan	42
Primidone	37	PSORCON	32
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Probanthelene	35	PURINETHOL	24
PRO-BANTHINE	35	Pyrazinamide	19
Probenecid	15	PYRIDIDIUM	36
Procainamide	25	Pyridostigmine	38
Procainamide SR	25	Pyridoxine	19
PROCANBID	26	Pyril/phenyltolox/	
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PROAIR HFA	45	Quinapril	26
PROLIXIN	62	QUINIDEX	25
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Quinidine sulfate	25
Quinidine sulfate SR	25
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Ranitidine	34
Ranitidine bismuth citrate	34
RAPAMUNE	24
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REGLAN	35
RELAFEN	14
RELPAX	15
REMERON (reg tabs only)	28
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REVELA	39
Repaglinide	16
RESCRIPTOR	63
RESTORIL	29
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REYATAZ.....	63
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Rifampin	20
Risedronate	34, 47
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ROBITUSSIN	42
ROBITUSSIN AC	42
ROBITUSSIN DM	42
ROCALTROL.....	38
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RONDEC DM	42
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Salsalate	13
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Saquinavir.....	63
Scopolamine	40
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SELZENTRY	63
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SMZ/TMP	19
Sodium Fluoride drops/tabs	39
SODIUM SULAMYD	39
SOMA	38
SOMA COMPOUND	38
SONATA	29
Sotalol	25
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Spironolactone	27
SPIRIVA	44
SPORANOX	20
STADOL NS SPRAY	13
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Stavudine.....	63
STELAZINE	62
STILPHOSTROL	24
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SUBOXONE.....	63
SUBUTEX.....	63
Sulcrafate	35
Sulfacetamide	39
Sulfacetamide sodium/sulfur	31
Sulfacetamide/prednisolone	39
Sulfasalazine	35
Sulfisoxazole	19
Sulfisoxazole/erythromycin.	19
Sulindac	14
Sumatriptan	15
SUMYCIN	19
SUPRAX	18
SUSTIVA.....	63
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SYMBYAX.....	62
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SYNAREL	31
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Tacrolimus	24
Tacrolimus ointment	33
TAGAMET	34
TAMBOCOR	25
TAMIFLU	20
Tamoxifen	24
Tamsulosin	36
TAPAZOLE	34
TARACTAN.....	63
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TARCEVA	24
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Tazarotene topical gel	33
TAZORAC	33
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TEGRETOL XR	37
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Tenefovir Disoproxil.. ..	63
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TENORMIN	25
Terazosin	27, 36
Terbinafine	20
Terbutaline	43
Teremefine	23
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TESTODERM PATCH	30
Testosterone Transdermal System	30
Test Strips Syringes	16
Tetracycline	19
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Theophylline	43
Theophylline 8-12hr TR	43
Theophylline 8-24hr TR	43
Thioridazine	62
Thiothixene	62

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THORAZINE	62	Triflupromazine HCL.....	62
Thyroid desiccated	34	Trifluridine	40
TIAZAC	25	TRIHEXY-5	62
TIGAN	35	Trihexyphenidyl	38, 62
TILADE INHALER	44	TRILAFON	62
Timolol maleate	41	TRILEPTAL	38
TIMOPTIC SOLN	41	Trimethobenzamide	35
TIMOPTIC-XE GEL	41	Trimethoprim	21
TINACTIN	32	TRIMOX	18
Tiotropium	44	TRIMPEX	21
TOBRADEX	40	TRIPHASIL	30
Tobramycin	39	Triple Antibiotic ointment	31
TOBRESX	39	Triple sulfa vag cream	36
TOFRANIL	27	TRIPLE SULFA	36
Tolazamide	15	Triprolidine/ Pseudoephedrine	17, 41
Tolbutamide	15	TRITEC	34
TOLINASE	15	TRI-VI-FLOR Tabs & drops	38
Tolnaftate cream	32	TRIZIVIR	63
TOPAMAX	38	Tropicamide	40
TOPICORT	32	TRUETRACK	16
TOPICORT LP	32	TRUSOPT	41
Topiramate	38	TRUVADA	63
TOPROL XL	25	TUMS	35, 39
TORADOL	13	TUSSI-ORGANIDIN NR	42
Tramadol HCL	13	TUSSI-ORGANIDINDM NR	42
TRUVADA	63	TYLENOL (4gm/day)	13
Tranlycypromine	62	TYLENOL/CODEINE	14
Trazodone	28		
TRENTAL	37		
Tretinoin	24, 31		
Triamcinolone			
acetonide	32, 37, 43		
Triamcinolone/ nystatin	32		
Triamterene/HCTZ	27		
Triazolam	29		
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		Ultralente	16
		ULTRAM	13
		ULTRAVATE	33
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VALCYTE	20
Valganciclovir	20
VALISONE	32
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Varenicline	29
VASOCON-A	40
VASOTEC	26
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VIREAD	63
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VISTARIL	17
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ZARONTIN	38
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*Prior authorization required drugs are highlighted in grey.

*BRAND NAME ARE LISTED IN CAPITALIZED LETTERS.

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Zidovudine/Lamivudine.....	63	ZOMIG	15
Zidovudine/Lamivudine/ Abacabir Sulfate.....	63	ZOVIRAX	20
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Zithromax (1 fill per 30 days)	18	ZYLOPRIM	15
ZOCOR	23	ZYMAR	39
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Zolmitriptan	15	ZYRTEC	17
		ZYRTEC-D	17



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